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ABSTRACT

This self-directed, self-paced adult distance education program provides developmental aides and transitional employees with practice in job-related reading, writing, math, and problem solving. Participants use e-mail, print materials, and videotapes to do assignments. An introductory brochure precedes materials for 12 theme areas and 105 units into which the theme areas are divided. These components are provided for each unit: job context, communication skills covered, objectives, materials list, introduction, description of videotape materials, learning activities, and supplements such as reading materials and questions. Theme areas are as follows: introduction to distance learning and reflections on the relationship between direct care work and communication skills; writing notes and narratives; incident reports, part 1; incident reports, part 2; individualized planning process; medications; communicating and connecting with individuals; managing daily living activities; improving productivity and job efficiency through personal development; preview of direct care for transitional workers; career-related college and academic skills; and planning for the future and evaluation of distance learning program. Appendixes include worksheets from Writing Skills Handbook, worksheets from Introduction to Basic Math, and list of theme areas and units. (YLB)

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ED 415 398

Communication Skills for OMRDD Direct Care Workers: Distance Learning Study Guide

Curriculum Developer: Verna Haskins Denny, Ph.D.

A collaborative project of:

CASE, CUNY Graduate School
Civil Service Employees Association, Inc.
New York State Office of Mental Retardation and Developmental Disabilities
New York State Governor's Office of Employee Relations

Center for Advanced Study in Education
The Graduate School and University Center
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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

INTRODUCTORY BROCHURE

VIEW THE ORIENTATION VIDEOTAPE

This tape will guide you through your first look at the Study Guide materials in this package.

THEN READ THE YELLOW PAGES THAT FOLLOW.

INSTRUCTORS: Metro New York (Manhattan), Bernard Fineson and Brooklyn DDSOs:

212-229-3146

Western New York (W. Seneca) and Finger Lakes (Monroe, Craig, Newark) DDSOs:

518-473-6104

EDUCATIONAL TECHNOLOGY SPECIALIST (Statewide): 212-229-3146

CSEA EDUCATIONAL ADVISOR (Statewide): 800-253-4332

DEAR PARTICIPANT:

Welcome to the OMRDD/REACH/CUNY Distance Learning Program! We are very happy that you have enrolled in this program and we wish you every success in completing it. You are part of an exciting, cutting-edge staff development project that will receive national attention. Federal funding for the project was received through intense competition.

Distance learning is the wave of the future, and OMRDD plans to continue this program after the federal funding ends. CONGRATULATIONS on being selected for this program!

This package contains your learning materials for the first 6 weeks of the program. You will receive a second package containing the rest of your materials towards the end of the first 6 weeks.

GENERAL INFORMATION

"WHAT'S IT ALL ABOUT?"

- The program is for OMRDD Developmental Aides or other OMRDD employees represented by CSEA who are interested in making a transition to the Developmental Aide job.
- Upon completion, the employee receives a certificate from the City University of New York, a copy of which is placed in the employee's personnel file. This course is a non-credit, staff development course.
- The purpose of the program is to provide Developmental Aides and transitional employees with practice in job-related reading, writing, math, and problem-solving skills.
- Participants do learning assignments using e-mail (All-in-One), print materials, and videotapes. Employees who have access to personal computers (PCs) will also use educational software.
- Each participant will spend 4 hours per week for 24 weeks (6 months) in independent learning activities at the workplace.
- The learning assignments are done on release time at the workplace. That is, OMRDD is releasing employees selected for the training from their job duties for

4 hours per week so that they can work on their distance learning assignments without interruption.

- The program is a self-directed, self-paced adult type of training, in which the employees take responsibility for completing their assignments and sending them regularly to their instructors (see below). Each participant works on distance learning assignments for a total of 96 hours, completing assignments according to his or her personal style and pace. There are no grades for this staff development course.
- DDSOs across New York State are involved in this program. OMRDD's Workforce Planning Division is guiding the project. Each DDSO has formed a local team to run the program in its own region. The local teams have recruited and selected the employees for the distance learning program.
- Each DDSO local team has a team leader, often the Director of Staff Development and Training.
- The program is conducted by a partnership of OMRDD, Project Reach (CSEA and GOER) and CASE of the City University of New York. Funding is provided by the U.S. Department of Education, and matching funds are being contributed by OMRDD, CSEA and GOER.

BEGINNING THE PROGRAM

"I'VE BEEN SELECTED FOR THE DISTANCE LEARNING PROGRAM. NOW WHAT?"

- You will hear from several program staff. First, you will receive a telephone call at your workplace from your CSEA EDUCATIONAL ADVISOR. This person will introduce you to the Distance Learning Program and ask you for enrollment information.
- Within a few weeks, you will hear from your CUNY DISTANCE LEARNING INSTRUCTOR. The Instructor will discuss the contents of the package with you, and work with you to plan to do the assignments.
- If you have not already done so, you need to work out a weekly schedule with your supervisor. You need four different days, one hour per day; or two different days, two hours per day. Which days will you choose for your distance learning? What time will you start and what time will you end your distance learning session each day? Your Instructor will ask you for this information.
- You are now ready to begin your distance learning. You will work according to the plan you have discussed with your Instructor.

- You will send each assignment to your Instructor. This will be done by e-mail or regular U.S. mail. If you use regular mail, please keep a copy of your work.
- This package contains a three-ring binder, a set of distance learning assignments, a computer reference guide, a study booklet, 2 videotapes, and a writing handbook. You should buy some educational supplies, including:
    - three-ring, college-ruled paper
    - pens and pencils
    - 3" x 5" index cards

  You will either use e-mail, your lined paper, or pages of the learning units as you do your assignments. All work done on paper of any kind should be placed in your binder. All e-mail files should be saved on your computer.

NEXT STEPS

"WHAT HAPPENS NEXT?"

- You will take an assessment lasting about an hour and a half, approximately three weeks after you begin your assignments. Your Distance Learning Instructor and/or your DDSO local team will tell you more about this.
- You will attend a Videoconference. At the Videoconference you will meet other participants in the Distance Learning Program and complete a learning

activity together. You will view the telecast, get a chance to see what your instructor and advisor look like and call the Albany studio with questions and comments about the Distance Learning Program. Your Videoconference will be held on Sept. 18, 1996. Save this Date.

- You will have at least weekly contact with your Distance Learning Instructor. Please contact your Instructor by e-mail or telephone as needed. Your Instructor will initiate contact with you once a week and will call you back or respond to your e-mail messages as required. Your Instructor's role is to work with you to make your distance learning experience a success. You will discuss your assignments and ask your Instructor for help and guidance when needed.
- You can contact your Distance Learning Instructor by e-mail or telephone. Your Instructor will give you his or her e-mail address. If you are employed in Metro New York (Manhattan), Bernard Fineson or Brooklyn DDSO, the telephone number is 212-229-3146. If you are employed in Western New York (W. Seneca) or Finger Lakes (Monroe, Craig, Newark) DDSO, the telephone number is 518-473-6104. If you have any problem contacting your Instructor, tell your Educational Advisor after you have tried twice.
- You will have regular contact with your CSEA Educational Advisor. This person will be a resource to you throughout the Distance Learning course, and

help you plan your next educational steps. For example, if you are interested in getting a GED or taking college courses through the CSEA/LEAP tuition-reimbursement program, your Advisor will give you information.

- You can reach your Educational Advisor at 800-253-4332. Leave a message if your Advisor is not there when you phone. He or she will call you back as soon as possible. If you have problems contacting your Advisor, tell your Instructor after you have tried twice.
- An Educational Technology Specialist is available to help you with any problems concerning the use of e-mail, terminals, personal computers, or videotapes. The Educational Technology Specialist may be reached by e-mail or telephone. You will be given the e-mail address by your Instructor. The phone number is 212-229-3146.
- If you cannot reach your Instructor or Advisor, or the Educational Technology Specialist, please contact the Director of Staff Development and Training at your DDSO for assistance.
- In six weeks you will receive the remainder of the Study Guide, Units 25 - 105 along with supporting worksheets and videotapes . From these Units you will choose the learning activities you want to work on for the rest of the Program based on your own needs, goals and learning style. This is a big packet, the

Study Guide is over 600 pages, but you are not expected to complete everything that is sent to you. We developed this much material so that everyone will have a wide selection of learning activities and topics to choose from when planning these Individualized Education Plans.

Your final packet will include:

- Theme Area 4: Incident Reports, Part 2
- Theme Area 5: Individualized Planning Process
- Theme Area 6: Medications
- Theme Area 7: Communicating and Connecting With Individuals
- Theme Area 8: Managing Daily Living Activities
- Theme Area 9: Improving Productivity and Job Efficiency Through Personal Development
- Theme Area 10: Preview of Direct Care for Transitional Staff
- Theme Area 11: Career-Related College and Academic Skills
- Theme Area 12: Planning for the Future and Evaluation of Distance Learning Course

AGAIN, CONGRATULATIONS ON BEING SELECTED!
WE WISH YOU GOOD LUCK AND MUCH SUCCESS IN YOUR EDUCATIONAL DEVELOPMENT.

Sincerely yours,

Verna Haskins Denny
Project Director

Susan Brockman
Technology Specialist

Charles Nardino
Educational Coordinator, Downstate

Jenny Dillman
Educational Coordinator, Upstate

COMMUNICATION SKILLS FOR OMRDD DIRECT CARE WORKERS DISTANCE LEARNING PROGRAM

STUDY GUIDE

by

VERNA HASKINS DENNY, Ph.D.

A collaborative project of:
CENTER FOR ADVANCED STUDY IN EDUCATION, CUNY GRADUATE SCHOOL
CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
NEW YORK STATE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
NEW YORK STATE GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS

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COMMUNICATION SKILLS FOR OMRDD DIRECT CARE WORKERS

STUDY GUIDE

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

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Many people contributed valuable assistance at various stages of curriculum development. I wish to thank Foster Henry, and other staff members of the CUNY Graduate School's Education Resources Department for their expertise in filming for the orientation videotape and video conference and in helping to prepare the videotapes for distribution. Special thanks to Barry Carr who assembled the raw footage segments into a cohesive videotape and to Charles Nardino, of our staff who identified appropriate materials for the videotapes.

This curriculum could not have been developed without the assistance of the supervisors, direct care workers, administrators, and union personnel at each of the participating DDSOs: Brooklyn, Fineson, Fingerlakes (Monroe), and Metro New York. Their participation in the needs assessment was integral to this project.

Thanks to Bert Flugman and Dolores Perin of the Center for Advanced Study in Education (CASE) of the CUNY Graduate School for their support and helpful suggestions. Also, thanks to Cathleen Conway whose expertise guided the final revisions.

Thanks also to the Distance Learning instructors and participants in the first three cycles for their comments and feedback. A special acknowledgement of one participant who noticed the worksheet for Unit 85 was missing and so wrote it herself. Since it was so excellent, the worksheet was incorporated into the curriculum.

The project in which these materials were developed was a partnership between the Center for Advanced Study in Education (CASE), the Civil Service Employees Association (CSEA), the New York State Office of Mental Retardation and Developmental Disablilities (OMRDD), and the New York State Governor's Office of Employee Relations (GOER). I am appreciative of the efforts of the following members of the Central Guidance team who worked with us in formulating and conducting the project: Carolyn Harris, Harvey Huth, Harriet Spector, David Street, and Peter Trolio. Special thanks to Carolyn Harris, Assistant Commissioner, OMRDD, whose support was invaluable.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Direct Care Work and Communication Skills

UNIT 1

Overview of the Program

Job Context: Overview of Distance Learning and its Relationship to Direct Care

Communication Skills: Understanding Distance Learning; Using Computers for E-mail and Word Processing on the Job; Reading Comprehension

Objectives:
- become acquainted with Distance Learning model components:
  - computers
  - e-mail
  - regular mail
  - telephone
  - video
  - paper and pen
- understand purpose of course
- become familiar with e-mail and word processing
- practice using regular mail and e-mail to make initial contact with Instructor

Materials

- Introductory Brochure
- Study Guide
- Looseleaf Paper and Pen

Introduction

Welcome to the Distance Learning Program. In this unit, you will be given an overview of the program and go through the steps you will take to complete a unit of the Study Guide.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 1, Unit 1). Head each part of your written work with the Learning Activity number so that your instructor will know what part of this unit it applies to.

Learning Activity 1

1. Read the Introductory Brochure.

2. Is there any additional information you need about the program? Are there any questions you have about the program you would like to have answered? List your questions on your looseleaf page.

Learning Activity 2

At the end of each unit there may be supplementary materials (readings, forms, question sheets, or other written materials) that are needed to complete your work on the unit. Read the supplement **How to Use the Study Materials**, located at the end of this unit. Complete the question sheet that follows.

Learning Activity 3

One of the ways you will be communicating with your Instructor is by sending him or her your completed assignments by regular mail or by e-mail. This Learning Activity will give you practice sending an e-mail message using All-In-One. Please refer to your **Reference Booklet for Using All-In-One E-Mail** if you run into any trouble or want to refresh your memory about the procedure.

If you do not have access to All-In-One, or if you'd rather wait until a little bit later in the program to begin using All-In-One, you can complete this assignment on paper.

A Distance Learning program is very different from a traditional classroom in that the

Instructor and students are not in physical contact with each other and don't get to know each other in a direct personal way. The purpose of this Learning Activity is to give you an opportunity to share something about yourself with your Instructor so he or she can get to know you a little bit better.

In a paragraph or two, on the All-In-One E-Mail, write a brief autobiographical sketch for your Instructor. You can include anything you want. Your Instructor will send back an e-mail message to you telling you a little bit about himself or herself. Note: If you do not have access to e-mail, use pen and paper.

You may want to include information on:

- your job
- your hobbies and interests
- your family
- your plans for the future

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your instructor:

Send by regular mail

- Looseleaf page with work from Learning Activity 1
- Question page from Learning Activity 2

Send by e-mail (or regular mail)

- Autobiographical sketch from Learning Activity 3

Purchase the following materials (see Supplement, How to Use the Study Materials):

1. Looseleaf paper: three hole
2. Index cards: 3" x 5"
3. Pocket Dictionary: e.g. Merriam-Webster Dictionary

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 1, UNIT 1

Supplement

How to Use the Study Materials

Purpose of Course

The purpose of this course is to help improve your job-related reading, writing, math, and problem-solving skills so that you will be better able to complete tasks that require these skills in your work as a Direct Care Worker.[1] In this course, reading, writing, math, and problem-solving are referred to as COMMUNICATION SKILLS.

Content of Study Materials

This program is an independent, adult learning, self-paced course. The Study Guide is divided into 12 theme areas. Each theme area relates to a work task that is part of the Direct Care Worker's job.

The first three theme areas give an overview of Distance Learning and provide learning activities for improving note-taking skills and writing incident reports. These areas were identified by employees in various DDSOs as the most important ones to be included in the Study Guide. Therefore, everyone enrolled in this course will complete these sections.

The additional nine theme areas cover many work tasks. (See Table of Contents for complete list of topics.) You will be choosing, along with your Instructor, which of these units you'd like to complete based on your own interest(s) and needs.

The content of the study materials was determined after visits to a number of DDSOs across New York State. We talked to many Direct Care Workers, supervisors, habilitation specialists, transitional workers, clinicians, staff development and training personnel, and other administrators, to gain their insight into what would be important to include as part of the learning materials. In addition, we interviewed Direct Care Workers while observing them at work to determine the job tasks that required reading, writing, math, and problem-solving skills.

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[1] Throughout this Study Guide, Direct Care Worker means Developmental Aide.

How to Use the Study Materials

The material in this binder is the Study Guide for the first three theme areas (the first six weeks). You will be receiving the remainder of the study materials during the second month of your participation in the program.

This course offers you independent self-instruction for four hours a week over a six-month period. We recommend that you divide this time over four days a week--one hour a day for four days. The Study Guide is divided into separate units planned to take approximately one hour to complete. If one hour a day over four days is not possible, please note that it is not advisable to schedule more than two hours at a time to work on this Distance Learning Program.

The Distance Learning Program is a self-paced method of learning. Although units are planned to take approximately one hour to complete, it may take you more or less time to finish a particular unit. You may choose to work on a unit over more than one session. If you finish a unit before an hour session is over you may want to take time to review and check your work. You may also decide to repeat a unit at a later time in the program. All adult learners benefit from repetition. As they say, "Practice makes perfect!"

After you've worked with the program for a while and have a sense of your learning and study style, discuss with your Instructor your plans for the number of units you'll complete during the time you're enrolled in the program and how you plan to pace yourself.

You are being given release time by OMRDD to participate in this program for a six-month period. You will be released from your job tasks during the four hours a week that have been allotted for this program. It is best to arrange your schedule with your supervisor in advance. Choose a quiet place to work on your study materials. Be sure you have any supplies you may need on hand. In addition, an All-In-One terminal or computer and a VCR should be accessible.

Other Parts of the Distance Learning Program

In addition to this Study Guide, you will be completing your Learning Activities using these different kinds of materials:

1. Videotapes: Approximately 30% of the units use a section of videotape as part of the learning activity. The video provides scenarios of activities and events in an OMRDD site that will be used as the basis of reading or writing activities.
2. Computer-Assisted Instruction: Some of the units will use educational software as part of the Learning Activities. When possible, a paper version of the activity will be provided for those Direct Care Workers who do not have access to a free-standing computer.
3. The Writing Skills Handbook: by Charles Bazerman and Harvey S. Wiener is included with this packet.
   Some units may ask you to use this handbook; also, use it as a reference tool as you are completing the writing activities in this Study Guide.
4. All-In-One E-Mail: Most of the units will ask you to use All-In-One E-Mail to complete some of your Learning Activities and communicate with your Instructor. We encourage you to use e-mail even if it takes you a while to get used to using the system. Being fluent in the use of a terminal, computers, and e-mail may be important for your job development in this position and in future positions.

Introduction to Videotape Materials

About 30% of the units in this Study Guide will use a videotape as part of the Learning Activities. These tapes will serve as a basis for the reading and writing exercises. Most of the tape segments come from OMRDD tapes of observations and interviews of Direct Care Workers on the job.

Keep in mind that viewing these videotapes will be different from viewing the commercial tapes you may rent from a video store. For example, the sound may not always be perfect. On occasion it may sound muted. Don't worry when this happens. It is not a technical problem.

On occasion it may sound muted. Don't worry when this happens. It is not a technical problem.

Each tape is divided into a number of segments. Usually a particular unit will ask you to view one segment. A time code is provided on the upper right-hand corner of the videotape. The time code you will see on the screen is divided into four parts, for example 01: 03: 05: 42. The first two-digit number is the hour, followed by the minutes, seconds, and milliseconds. The time code you will see in your Study Guide only contains the hours, minutes, and seconds of when the segment begins and ends. For the example given above, you will see the following in your Study Guide: 01: 03: 05. You will be given instructions in this Study Guide for finding the beginning and ending of specific segments.

Some segments may have more than one section. This is because we often combined footage on similar topics from different OMRDD tapes. You should see a brief blank screen between sections of segments, but it is easy to differentiate between a segment and a section because the beginnings and ends of segments are clearly marked with the words "Beginning of Segment #" and "End of Segment # ."

Suggestions for how to view a particular videotape segment are provided for each unit. However, feel free to modify our instructions to meet your working style and needs. There is no need to watch an entire segment if you feel you've already gotten the information you want for the purpose of the Learning Activity. Rewind and fast-forward as much as needed and, unless you are asked not to, take notes while you watch.

One last point of information. This taping was done some time ago. Some of the terminology and language may not be up to date. For example, some of the Direct Care Workers on these tapes refer to their clients as "kids" even when they are adults. We will use the term "individual" throughout this Study Guide.

Materials to Purchase

You will need to purchase the following materials to use in the Distance Learning Program:

1. Looseleaf paper: three hole

2. Index cards: 3" x 5"
3. Pocket Dictionary: (e.g. Merriam-Webster Dictionary)

Communication with Your Instructor

You will be assigned an Instructor who will communicate with you using telephone, mail, electronic mail, and teleconference. He or she will work with you in developing your Individualized Learning Plan for the program. The Plan will specify learning goals and specific reading, writing, math, and problem-solving skills on which you will concentrate during each quarter. Your Instructor will also correct and return your work to you by regular mail or e-mail.

The Instructors will be based at two sites. The New York City DDSOs (Bernard Fineson, Brooklyn, and Metro New York) will be served by Instructors housed at an OMRDD site in Manhattan. The Upstate DDSOs (FingerLakes and Western New York) will be served by an instructional staff at an OMRDD site in Albany. The Educational Coordinators, who will be supervising the instructional teams, are as follows:

New York City: Charles Nardino, (212) 229 - 3146
Upstate: Jenny Dillman, (518) 473 - 6014

In addition, you will also be contacted by a CSEA Educational Advisor who will make telephone appointments with you to provide advisement by telephone. Our technical support person, Susan Brockman, is available to assist you by phone or by e-mail with any technical problem you may have using the All-In-One system, the video component, or computers. She can be reached at (212) 229 - 3146. Please refer to "A Brief Reference Manual," provided separately.

Name____

THEME AREA 1, UNIT 1

How to Use the Study Materials

Questions

These questions are based on the Supplemental Reading, **How to Use the Study Materials**. Feel free to look back at the passage if you need to when answering the following questions.

1. Have you ever participated in a program that has the same two purposes as the Distance Learning Program? If so, did you find it helpful?

2. How do you feel about working on a program that is self-paced (where you can take as long as you need to finish a unit)? Please write some of your comments.

3. Which of the different materials that are included as part of this program would you like to use?

4. Are there any you would not like to use? Why not?

5. What will your schedule of release time be to work on this program (e.g. Monday, Thursday, Friday, and Saturday from 12 - 1)? If you haven't worked out a schedule yet, check with your supervisor about what would be best.

6. List any questions you still have about how to use the study materials here. Your Instructor will answer your questions when he or she contacts you next.

Please provide the following information, which is given on the last page of the supplement.

Instructor's Location____

Name of Coordinator____

Coordinator's Phone Number_______________________________________

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Direct Care Work and Communication Skills

UNIT 2

Your Goals for the Program

Job Context: Relationship Between Direct Care Work and Communication Skills

Communication Skills: Improving Writing Skills; Review of Different Responsibilities of Direct Care Workers; Reading Comprehension

Objectives:
- recognize job tasks that require reading, writing, and math
- practice writing responses to specific questions
- review different aspects of Direct Care Work
- review reporting requirements for worksite
- skim written material about Direct Care Workers
- understand technical vocabulary through context

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In the last unit, you were given an overview of the Distance Learning Program. Now, in this unit, you will determine your individual goals for this program: What would **you** like to accomplish over the next six months?

You will also have an opportunity to think about Direct Care Work and identify job tasks that require reading, writing, and math.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 1, Unit 2). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or expereinces. Any information you give will be kept confidential.

We encourage you to complete all of the work for the Learning Activities in this unit on the All-In-One E-Mail. If you are new to e-mail, it may take you some time to become familiar with the system and you may need more time to complete these Learning Activities. That's okay. Complete as much as you can in your hour session.

Learning Activity 1

Why did you enroll in this program? What are your goals? What do you hope to accomplish in the next six months?

In a brief paragraph, write the answers to these questions. Use complete sentences. This exercise will help you when you decide which parts of the Study Guide you want to focus on (writing, reading, math, or specific topic areas, such as medication, or communicating and connecting with individuals). It will also give important information to your Instructor that will be useful in planning your Individualized Learning Plan.

Learning Activity 2

1. There are many tasks completed by the Direct Care Worker that require reading, writing, and math skills. From your experience on the job, what are some of the job tasks you do that require these skills? Make a list of all the tasks you can think of that involve even the smallest amount of reading, writing, or math. If you are not yet a Direct Care Worker, are there any tasks that you do on your job now that require these skills?

2. As a supplement to this unit is a list of the **Core Tasks and Standards** (Section 3 of the OMRDD Annual Performance Evaluation Form) for the Direct Care Worker. Skim this list to see if you left out any job tasks that require reading, writing, and math. Add them to your list.

3. Think about the following:

   - Were you able to identify many tasks that required reading, writing, and math?
   - Were you surprised that there were so many work activities that used reading, writing, and math?
   - Has this changed your perception of your job and its responsibilities?

Learning Activity 3

Sometimes specific sites and individuals have different reporting requirements. The Direct Care Worker is often involved in meeting these reporting requirements. Answer the following questions, using complete sentences.

1. Are you aware of any special reporting requirements in your worksite? If so, what are they? What is it that makes the individuals [who the special reporting is required for] special?

2. If you are not aware of any special reporting requirements at your worksite see if you can find out this information. What steps did you take to find it out?

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- All of the work from Learning Activities 1, 2, and 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

CORE TASKS AND STANDARDS

1. **PERFORMS DUTIES IN A COMPETENT MANNER; DEMONSTRATES A CLEAR KNOWLEDGE OF JOB DUTIES AND RESPONSIBILITIES AS OUTLINED IN MED. ADM., P.O., INFECTION CONTROL, AND NURSING POLICY PROCEDURAL MANUALS.**

A. ADL PROGRAMS/PERSONAL HYGIENE

Insures privacy is maintained/trained in toileting, showering, dressing.

Provides training and assistance as needed, in dressing, showers, brushing teeth, combing hair, shaving, toileting, menstrual care.

Individuals clothes are neat, fit properly, are clean, stain free and changed as necessary.

Individuals are dressed appropriately for weather.

Nails (finger/toe nails) are kept clean/trimmed/filed.

B. HOME ENVIRONMENT DUTIES/ROUTINES

Provides training and assistance in care of environment including bed making, wardrobe care, sorting clothing, wiping tables, sweeping/mopping, putting materials/supplies/possessions away.

Provides training in simple domestic tasks as making beverages, pouring, making a lunch, using a vending machine, doing laundry, etc.

Insures home environment is neat and clean, linen and garbage are properly disposed of, plastic bags in receptacle are present.

Soiled clothing and linen are kept off the floor in covered receptacles (laundry bags/hampers).

Bedroom areas are kept neat and clean, i.e., beds made, clothing put away, curtains hung, odor free.

Bathroom areas are kept neat, clean and free of odors; insures toilet paper, soap and paper towels are available.

Mopping/sweeping is performed as necessary and as assigned.

Clothing/linen rooms and wardrobes are kept in order and cleaned as assigned.

Work orders are written or LUM/CRD informed as necessary of broken furniture, wardrobes, equipment, etc.

Activity supplies are kept in order and cleaned as assigned and proper staff informed of any needed supplies.

ADL supplies are kept clean, stocked, date/marked as policy states and as assigned.

Clothing is marked, inventoried, condemned as assigned.

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CORE TASKS AND STANDARDS

1. **PERFORMS DUTIES IN A COMPETENT MANNER; DEMONSTRATES A CLEAR KNOWLEDGE OF JOB DUTIES AND RESPONSIBILITIES AS OUTLINED IN MED. ADM., P.O., INFECTION CONTROL, AND NURSING POLICY PROCEDURAL MANUALS CONTINUED**

B1. DOMESTIC NEEDS

Demonstrates infection control knowledge in all aspects of housekeeping training and routines (handwashing, disinfecting surfaces, etc.).

Completes necessary routines to assure individuals' home is clean and sanitary to include cleaning of common areas, as well as specialized routines that are seasonal. Provide training to individual residents as their programs dictate.

Completes necessary routines involved with meal planning, cooking and clean-up; provides training to individual residents as their programs dictate.

Completes laundry routine; provides training to individual residents as their programs dictate.

Completes necessary shopping, including groceries, clothing, sundries, etc.; provides training to individual residents as their programs dictate.

B2. HOME ENVIRONMENT

Completes needed routines/tasks to assure a safe, hazard free physical home environment including lawn mowing, snow removal, garbage disposal, window washing, cleaning the garage, washing the van, etc.

C. DINING PROGRAMS

Programs are being followed as written for each individual, with individuals being trained to be as independent as possible.

Socialization being followed through, interaction takes place.

Independence in all phases of dining programs is encouraged as much as possible.

Provides assistance as necessary in regards to maintaining a clean environment, i.e., mopping/sweeping, wipes off tables and chairs in the dining area.

Knows diets, allergies, adaptive equipment of assigned groups.

Any soiled linen is properly covered in receptacle (laundry bag/hamper).

D. LEISURE PROGRAMS/ACTIVITIES

Follows established RT Calendar for assigned group; changes activities as needed or as weather dictates, etc.

Insures that activities are functional and are age appropriate, trains individuals in leisure/social skills.

Encourages choice and independence.

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1. PERFORMS DUTIES IN A COMPETENT MANNER; DEMONSTRATES A CLEAR KNOWLEDGE OF JOB DUTIES AND RESPONSIBILITIES AS OUTLINED IN MED. ADM., P.O., INFECTION CONTROL, AND NURSING POLICY PROCEDURAL MANUALS CONTINUED

E. COMMUNITY ACTIVITIES/SOCIAL ACTIVITIES

Community activities are functional, age appropriate and planned in advance.

Individuals well being is always maintained, residents are supervised, individuals are trained in appropriate social behaviors.

Van is cleaned after each activity, garbage disposed of, problems reported to the supervisor.

F. HEALTH CARE/FIRST AID/INFECTION CONTROL

Oversees the general health and medical care of individuals on a daily basis.

Pours and passes medication according to WSDDSO policy as assigned.

Trains individuals in Self-Administration of Medication (S.A.M.) as individual programs dictate.

Administers treatments according to WSDDSO policy, assuring privacy and sterile/clean technique.

Accompanies individuals to and from medical appointments, provides information as requested, assures record is available.

Assists and responds to any emergencies.

Provides immediate minor first aid, i.e., cleans wounds, replaces bandages, etc.

Insures that equipment meets infection control standards, i.e., ADL supplies kept clean, separate, use of "red dot" as policy dictates.

F1. Provides an accurate count of all medications from pharmacy.

F2. Completes telephone orders for medications, documents same and insures appropriate forms are forwarded to physician, nursing consultant, etc.

F3. Provides CM documentation as appropriate.

F4. ACTS AS MEDICAL LIAISON

Maintains inventory of needed medical supplies (eg., bandages, peroxide, etc.); insures that an adequate supply of medications is maintained; utilizes individual's Medicaid cards, vouchers to obtain needed supplies.

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CORE TASKS AND STANDARDS

1. PERFORMS DUTIES IN A COMPETENT MANNER; DEMONSTRATES A CLEAR KNOWLEDGE OF JOB DUTIES AND RESPONSIBILITIES AS OUTLINED IN MED. ADM., P.O., INFECTION CONTROL, AND NURSING POLICY PROCEDURAL MANUALS CONTINUED

F4. ACTS AS MEDICAL LIAISON CONTINUED

Schedules medical, dental appointments, maintains the medical appointment calendar, assures that all staff are aware of appointment dates and times. Routinely interacts with community health care providers, clarifies questions regarding the health status of the individual. Acts as liaison with nursing consultants to insure adequate medical coverage. Assists in procuring new scripts for individuals. Completes consults, packets for medical appointments, clinic pre-registration forms as needed and assures that they are sent to/ received by agency prior to clinic visit.

Completes required documentation including medication, treatment sheets; control drug counts; medication delay orders, doctor's approval sheet, etc. Maintains the Health Care Information/Update Book.

Follows provided annual checklist to assure that individuals receive the medical services they require on a yearly basis. Asures that care needs are met/routine tests are completed.

Insures notification of program providers of pertinent injuries, illness, medical status; documents same.

Provides inservice regarding health care needs, topics, (i.e., infection control) either through read and pass system or by direct staff training; discusses health care and medical issues with all staff.

After medical care is completed, completes med liaison assignments for input on Policy or form changes in a timely manner.

G. SKILLS TRAINING;BEHAVIOR PROGRAMS

Skills training is implemented and followed as program is written.

Observations are accurately documented and suggestions for revisions, different methods are conveyed to appropriate staff, i.e., CRD/LUM and psychologist.

Adapts to changes in individual's behavior programs and implements as written/ trained.

Knows policy regarding restrictive technique, follows accordingly with correct documentation of use.

Provides positive reinforcement, uses "teachable moments" in training.

G1. STEP PROGRAM

Follows established guidelines as written in STEP program manual or established by individual team.

Ensure that each individual's skill training is implemented and individualiz for assigned residents.

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CORE TASKS AND STANDARDS

1. PERFORMS DUTIES IN A COMPETENT MANNER; DEMONSTRATES A CLEAR KNOWLEDGE OF JOB DUTIES AND RESPONSIBILITIES AS OUTLINED IN MED. ADM., P.O., INFECTION CONTROL, AND NURSING POLICY PROCEDURAL MANUALS CONTINUED

G1. STEP PROGRAM CONTINUED

Insures needed materials and supplies are available for use in training.

Suggests new ideas, discusses them with appropriate staff and incorporates into the program.

G2. ACTS AS BEHAVIOR TECHNICIAN/LIAISON

Develops and maintains individual behavior programs in conjunction with the consulting psychologists. Acts as liaison between direct care staff and consultant.

Develops training objectives for individual residents, documents on appropriate forms; utilizes consultant input regarding criteria, mastery, etc. Reviews objectives on a regular basis and updates as needed; follows through on concerns from staff; insures appropriate changes/revisions are completed.

Develops baselines, graphing, summarizing data; documents specific (target) behaviors.

Develops, completes data sheets; provides daily monitoring of program data sheets insuring that documentation is appropriate; relays problems, concerns to appropriate staff.

Insures that sufficient staff are trained to implement new programs, that implementation begins within a reasonable time frame; keeps the CRD and program developer informed of progress or lack of it. Makes self available to staff on all shifts to discuss concerns/problems/questions regarding programs; relays same to appropriate staff.

Assesses individual's behavior during crisis situation if psychologist is not available; contacts psychologist/other member of the chain, i.e., SOCR coordinatoor/team manager, for after hours emergencies contacts CRD.

Submits referrals to psychologist using Clinical Support Referral Form, DDSO Misc. 15.

G3. ACTS AS RECREATION LIAISON

Organizes and coordinates leisure and recreation activities incorporating individual's preferences; arranges sporting events, Special Olympics participation, etc. Completes necessary appplication/registration procedures.

Secures needed funds, reservations, consents; assures recreation/leisure activities are followed as planned, makes appropriate substitutions to meet individual needs.

Maintains ongoing communication with Recreation Therapist and CRD; attends Recreation liaison meetings as scheduled, Recreation Dept. meetings as desired.

CORE TASKS AND STANDARDS

1. **PERFORMS DUTIES IN A COMPETENT MANNER; DEMONSTRATES A CLEAR KNOWLEDGE OF JOB DUTIES AND RESPONSIBILITIES AS OUTLINED IN MED. ADM., P.O., INFECTION CONTROL, AND NURSING POLICY PROCEDURAL MANUALS CONTINUED**

G4. DAY PROGRAMS

Ensures individuals are dressed appropriately for weather.

Follows established or daily direction from clinician regarding programming and training individuals.

In absence of clinician, follows lesson plans for the session/sessions as written.

Provides progams and training in absence of clinician.

Implements dining and ADL programs as written for the individuals.

Assists clinician in all aspects of individual's training including behavioral programs, reinforcement during day programs.

Reports any 147's, Minor Incident Log entries to supervisory staff in a timely manner.

2. **LOCATES AND USES SOURCES OF INFORMATION/COMPLETES REQUIRED RECORDING/PAPERWORK**

A. COMPLETES REQUIRED RECORDING/PAPERWORK

Paperwork is neat, legible and completed as assigned.

Living unit journals/house communication logs are objective, concise, and accurately completed.

75-75s/BEMIS information both observed and information received from community service providers/day program areas is recorded on the appropriate forms concisely, objectively and accurately.

Clothing and supplies are ordered using appropriate forms as resident needs dictate and/or as assigned.

Contributes to and completes as necessary, responsibilities for designated resident(s) in a factual, objective and timely manner.

Provides an accurate accounting of all cash transactions (i.e., receipts, change) in accordance with fiscal policy and procedure.

Training objectives are written as required, data is collected as necessary or assigned; monitors individuals' progress or regression.

B. LOCATES AND USES SOURCES OF INFORMATION

Is able to locate and use information maintained in an individual's (resident) record (i.e., next of kin, allergies, legal guardian, etc.).

Is able to locate and use reference material which enables the employee to complete assignments (eg., TABS census, CMCM reporting, marking clothing, etc.).

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2. LOCATES AND USES SOURCES OF INFORMATION/COMPLETES REQUIRED RECORDING/PAPERWORK CONTINUED

B1. Reviews, initials, reads and passes material within five (5) working days.

C. 147s/MINOR INCIDENT LOG

147 reports and/or statements are concise, accurate and contain requested information, signature.

Demonstrates knowledge of 147/Minor Incident Log policy by completing as directions are written, with all pertinent information present.

3. COOPERATIVELY PARTICIPATES IN TEAM PROCESS/INTERPERSONAL SKILLS

A. PARTICIPATES IN TEAM PROCESS

Takes part in group problem solving, problem resolution activities, development of new routines, development of individuals' treatment plans.

Demonstrates understanding of the needs of residents by consistently utilizing training and reinforcement techniques.

Provides opportunities for individuals to exercise choice.

Originates and/or carries out individual's care and treatment programs based on strengths, needs and interests, i.e., materials are available, training, reinforcement is carried out.

Demonstrates a willingness to try new ways/routines/approaches.

Converses with individuals in a respectful manner using proper voice tone, language, tolerance and patience. When individual is present during case reviews, speaks with (not about) the person.

Is flexible and adapts to changes in programs/schedules.

Reports any injuries/infractions regarding individual rights to the proper authority.

Releases only appropriate information insuring confidentiality.

Will inform LUM/CRD and appropriate clinical staff of replacement needs regarding adaptive equipment. Also, advocates for additional/different equipment/supplies to insure maximum independence of individuals as determined by observations in daily routines.

A1. ACTS AS VOLUNTEER LIAISON

Assists in recruitment of new volunteers; participates in screening and interviews of potential volunteers.

Provides orientation and training for new volunteers, reviews policy/procedure house rules/routines, etc. with individuals. Indirectly supervises volunteers by providing direction, schedules, materials, etc.

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3. COOPERATIVELY PARTICIPATES IN TEAM PROCESS/INTERPERSONAL SKILLS CONTINUED

A1. ACTS AS VOLUNTEER LIAISON CONTINUED

Completes monthly volunteer reports, attendance sheets; maintains volunteer records, forwards to Unit Volunteer liaison in a timely manner. Sends thank you cards, follow up as needed for donations, etc.

A2. ACTS AS TRANSPORTATION LIAISON

Maintains a valid CDL driver's license.

Schedules van for regular servicing; maintains communication with DDSO transportation department for major service needs.

Accurately completes gas records; maintains accurate receipts, mileage logs.

Completes and submits monthly transportation log to DDSO transportation Dept.

Completes routine maintenance including obtaining gasoline, refilling wiper fluid, cleaning exterior/interior, etc.

B. DEMONSTRATES EFFECTIVE INTERPERSONAL SKILLS

Expresses self clearly, verbally and in writing. Transmits/communicates information clearly and objectively.

Cooperatively works with other team members or program staff, i.e., follows directions, requests clarification, provides assistance; seeks out information needed to perform duties by following the proper channels.

Works cooperatively with peers, treats them with respect; provides assistance to co-workers to assure resident needs are met.

Works cooperatively with co-workers; initiates and completes tasks designated to shift.

Attends/participates in required inservice training as program needs demand. Utilizes information obtained in training on the job.

B1. SUPERVISORY RESPONSIBILITIES/SKILLS

Functions completely in the absence of the LUM/CRD as scheduled/assigned.

Insures that all programs are implemented/carried through as written/assigned.

Assures that paperwork is neat, legible and completed as assigned.

Attends meetings as assigned and insures LUM/CRD is kept informed, provides requested input in absence of LUM/CRD.

Directs staff.

Keeps supervisor informed of daily happenings, including problems that require assistance/input.

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3. COOPERATIVELY PARTICIPATES IN TEAM PROCESS/INTERPERSONAL SKILLS CONTINUED

B1. SUPERVISORY RESPONSIBILITIES/SKILLS CONTINUED

Insures that individuals are receiving training and attend scheduled programs.

Insures data is collected as program dictates.

Rooms are left neat and orderly after use.

Initiates leisure activities/assigns group leaders.

Assigns staff to STEP program. Knows where manual is, follows it, implements other functional skills, training opportunities.

Offers suggestions as to any changes that may result in improved routines/ operations.

Follows appropriate channels, is consistent, follows through to assure assignments are completed.

Exercises good judgement/initiative, i.e., completes zone log books, work orders, request consultation of clinic, psychologist, etc.

Always insures individuals rights are adhered to.

Reports any infractions regarding individuals rights/injuries to proper authority in a timely manner.

B2. Initiates and completes tasks that are not assigned to a specific shift.

4. TIME AND ATTENDANCE

A. OBSERVES ESTABLISHED ATTENDANCE RULES AND REGULATIONS

B. PUNCTUALITY

Employee is present and ready for work at the starting time of the work day, work period, or work shift as established by the employer.

C. CALL IN PROCEDURES

Follows call in procedures as dictated by policy, i.e., sufficient notice is given when unable to report for duty.

D. LEAVE REQUEST PROCEDURES

Follows leave request procedures as dictated by policy, i.e., 69 form, vacation request, etc.

OPTION: Is flexible in work schedule/shift assignment/work site as program dictates.

5. SAFETY

Knows R.A.C.E. policy regarding fire emergency.
Observes and practices basic safety techniques.
Follows back safety regulations.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Direct Care Work and Communication Skills

UNIT 3

Your Job Experiences

Job Context: Relationship Between Direct Care Work and Communication Skills

Communication Skills: Improving Writing Skills; Review Different Responsibilities of Direct Care Work; Reading Comprehension

Objectives:
- practice writing - use examples and details to support answers
- review different aspects of Direct Care Work

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit, you will view a tape where a Direct Care Worker is talking about her experiences on the job. You will answer comprehension questions about the tape and give your own opinions on the topics she discusses.

This is the first unit to require videotape material. Please review the section entitled **Introduction to Videotape Materials** in the Supplement, **How to Use the Study Materials,** Theme Area 1, Unit 1, for information about this portion of your learning materials.

Description of Videotape Material

The videotape segment lasts about ten minutes and shows an interview with a Direct Care Worker, Linda. The videotape for this unit is on Tape #1 and is labeled Segment 1[1]. There are two sections to this segment. It begins at 00:00:00 and ends at 00:10:01. The words "End of Segment 1" appear when the segment is over.

Learning Activity

View Segment 1. Turn to the question worksheet on the next page. Read the questions you will be expected to answer. View the segment a second time, writing down notes you'll need to answer the questions. Answer the questions on the worksheet. Review Segment 1 as many times as needed as you complete the worksheet. This Learning Activity asks for your personal opinions or experiences. Any information you give will be kept confidential.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Question Sheet from Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabiltities Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilties.

THEME AREA 1, UNIT 3

Questions on Interview with Linda--Videotape 1, Section 1

1. What does Linda say are important characteristics of a Direct Care Worker?

2. What are the two different ways that families relate to Direct Care Workers?

3. Have you had experience dealing with the families of the individuals you work with? Of the two types of families that Linda describes, what is the one you are most likely to encounter at your worksite?

4. What does Linda say about trainees? How do you feel about her comments?

5. From the context of what Linda is saying, what do you think is meant by "floating items?"

6. What are the advantages of being a "floater?"

7. How does Linda feel about body jackets, corsets, and elective surgery? Why does she feel this way? Do you think she is right to follow a procedure the professionals disagree with? Why or why not?

8. What are the reasons Linda gives for being discouraged?

9. Are you ever discouraged on the job? What can make you discouraged?

10. Linda says that arguments between professionals and staff, and disagreements between staff on two different shifts cause a lot of stress for her. Describe an experience you've had where you've been involved in or seen this kind of conflict. How was it handled?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Direct Care Work and Communication Skills

UNIT 4

The Feelings and Experiences of a Direct Care Worker

Job Context: Relationship Between Direct Care Work and Communication Skills

Communication Skills: Improving Writing Skills; Review of Different Responsibilities of Direct Care Workers

Objectives:
- recognize job tasks that require reading, writing, and math
- review reporting requirements for worksite
- practice writing
- review different aspects of Direct Care Work

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit, you will view a videotape of an interview with Joe, a Direct Care Worker. Joe talks about how he feels about being a Direct Care Worker and his experiences working on the job.

Description of Videotape Material

The video material for this unit is on Tape #1 and is labeled Segment 2[1]. It begins at 00:10:07 and ends at 00:19:21 when the words "End of Segment 2" appear. The entire segment is an interview with Joe. The interviewer, off camera, poses questions to Joe which he then answers.

Learning Activity[2]

View Segment 2. At the end of Segment 2, stop the tape.

Complete this Learning Activity using e-mail. We encourage you to use the e-mail system whenever possible to increase your skills in using a computer terminal.

Address your e-mail message to your Instructor. Write a message to your Instructor telling him or her how your perception of your job as a Direct Care Worker compares with Joe's ideas.

Answer the following questions:

1. Joe says that one of the reasons he took a job as a Direct Care Worker was so that he wouldn't have to take work home and would have the time to go back to school. What were your reasons for becoming a Direct Care Worker?

2. What are your long-term career goals? Do you plan to stay with the State until you retire as Joe does?

3. Joe states that he was impressed with the training he received on the job. From your experience, do you agree that the training is good? Why or why not?

4. Joe gives two examples of things he remembers as excellent training ideas. Is there anything that you've found particularly useful from your own training?

5. On the job, do you spend more than 20 minutes a day on paperwork? How do you feel about this?

6. Joe summarizes his feelings about being a Direct Care Worker by stating, "If they don't

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabiltities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

[2] This learning activity asks for your personal opinion or experiences. Any information you give will be kept confidential.

6. Joe summarizes his feelings about being a Direct Care Worker by stating, "If they don't like people, this is not the place for them. You can't fake it." Do you also feel this is the most important characteristic of a Direct Care Worker? Why?

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your message from this Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Care Work and Communication Skills

UNIT 5

Comparing Developmental Centers and Community Homes

Job Context: Relationship Between Direct Care Work and Communication Skills

Communication Skills: Improving Writing Skills; Review Different Responsibilities of Direct Care Workers

Objectives:

- recognize similarities and differences in job tasks
- practice writing - use a pre-writing organizational strategy
- review procedures for getting information
- review different aspects of Direct Care Work
- understand technical vocabulary through context

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit, you will be exploring how tasks are done similarly or differently at a Developmental Center and at a Community Home. You will be observing and writing descriptions of the activity of eating.

Description of Videotape Material

The video material for this unit is labeled Segment 3[1]. It begins at 00:19:30 and ends at 00:40:30. There are three sections in this segment. The first section is an example of a meal at a center where Joe is employed as a Direct Care Worker. These are live scences with no voiceover. Do not worry if some of the dialogue is unclear. Try to watch the scences for as many details as you can. Section 1 ends when Joe says, "Excuse me, John," and walks behind a partition. It is followed by a black screen.

The second and third sections show individuals eating at a community home where Mike is the Direct Care Worker. The third section ends after Mike tells the individual who is cutting his meat that he did "great," and the individual in the foreground puts his soda bottle on the table. It is followed by the words "End of Segment 3."

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 1, Unit 5). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

View Segment 3, Section 1. At the end of Section 1, stop the tape.

Label a looseleaf page "Eating at Joe's D.C." Describe the eating activity. Include the answers to the following questions:

1. What is the setting for the eating activity?
2. What is the overall atmosphere of the dining area? (e.g. calm, chaotic) What in the tape gives you that feeling?
3. What is the eating ability level of the individuals?
4. How does the Direct Care Worker relate to the individuals?

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabiltities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 2

Section 2 begins with Mike saying, "Huh" and an individual saying, "She loves me Mike..." as they walk into the dining area.

View Sections 2 and 3. Label a looseleaf page "Eating at Mike's Community Home." Describe the eating activity. Answer the same questions that you answered for Joe, above.

Learning Activity 3

Look back at your notes on "Eating at Joe's D.C." and "Eating at Mike's Home." How are the eating activities at these two sites the same or different?

Divide a third sheet of paper into two columns. Label one column "Same" and label the second column "Different." List, under each column, everything that is the same or different when you compare eating at Joe's Developmental Center with eating at Mike's Community Home.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Description of "Eating at Joe's D.C." from Learning Activity 1
- Description of "Eating at Mike's Community Home" from Learning Activity 2
- List of similarities and differences between the two sites from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Direct Care Work and Communication Skills

UNIT 6

Analyzing Your Worksite

Job Context: Relationship Between Direct Care Work and Communication Skills

Communication Skills: Improving Writing Skills; Developing Connecting and Interviewing Skills; Understanding Different Functions of Direct Care Work; Reading Comprehension

Objectives:

- practice writing - write compare/contrast paragraphs
- review different aspects of Direct Care Work
- establish e-mail study partner or study group
- review importance of connecting skills
- review procedures for getting information
- consult with others for information

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In the previous unit, Unit 5, you saw an example where a similar task was performed differently at a Developmental Center and a Community Home. In this unit, you will explore how tasks are done similarly or differently at your own worksite.

Being able to recognize similarities and differences is an important observational skill. Your work on this unit will lay the groundwork for further study, in Theme Areas 2 and 3, on making accurate observations, a necessary skill for writing good notes and incident reports.

In this unit you also will be contacting your e-mail partner for the first time. Your e-mail partner is another participant in the Distance Learning Program. He or she may be located in your DDSO or in a different DDSO in New York State. A few of your Learning Activities will be done with your e-mail partner.

In addition, since you are not in a classroom and don't have classmates to relate to, your e-mail partner can serve as your "buddy" or support person. Feel free to write to him or her to share your experiences with the Distance Learning Program or just to chat.

By now, you should have received an e-mail message from your Instructor giving you the name and location of your e-mail partner. If you haven't received it, check your e-mail messages.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 1, Unit 6). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

1. Think about the many activities that take place at your center or community home. Pick one of these activities to focus on for this unit. Examples of activities are: developing objectives for individuals; planning outings; transporting; recreational activities; and personal hygiene. Write the activity area you have chosen on the top of your looseleaf page.
2. In a paragraph or two, describe this activity and how it is done at your worksite.
3. If there is another unit at your worksite or another community home that is easily accessible, and you have the opportunity, go and observe the activity you have chosen as it is happening there. Is the procedure the same or different? In what ways? Write your observations on your looseleaf page.

Learning Activity 2

In this Learning Activity, you will be sending an e-mail message to your e-mail partner to find out how the activity you have chosen is carried out in his or her worksite.

1. Address your e-mail message to your e-mail partner. Send a copy (cc:) to your Instructor.

2. Begin your message with a greeting. As this is the first time you will be contacting your e-mail partner, tell him or her a little bit about yourself in a sentence or two. Let him or her know which assignment you are working on and which activity you'd like described.

3. Give your e-mail partner a list of questions you'd like him or her to answer about how the activity is carried out at his or her worksite. Below are some sample questions you might ask. Be sure to reword and adapt these questions so they make sense for the situation you want described. Add additional questions of your own.

Sample Questions

- When does this activity take place?
- How is it carried out?
- Who are the people involved?
- What are the steps one follows to complete the activity?
- Describe what happens on a typical day.
- What happens in a special or emergency situation?

4. Reread and edit your work. Use the spell-check feature of All-In-One to check your spelling.

5. Send your letter to your e-mail partner with a copy to your Instructor.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Looseleaf page with work from Learning Activity 1

Send by e-mail

- Copy of letter to e-mail partner

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 1

Introduction to Distance Learning, and Reflections on the Relationship Between Care Work and Communication Skills

UNIT 7

Vocabulary Review (Worksite)

Job Context: Understanding and Using Technical Vocabulary

Communication Skills: Expanding Knowledge of Technical Vocabulary; Learning a Technique for Understanding Vocabulary Words; Reading Comprehension

Objectives:
- review terminology used by service providers, occupational therapists, etc.
- use the context for vocabulary development
- review technical vocabulary
- introduce method for understanding vocabulary in the context

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1
- Dictionary

Introduction

At your worksite over the course of a day, you often come in contact with terminology and vocabulary that is technical or specific to your field of work. You may find words that are new to you in conversations with other professionals, in forms or other written material, and in your training classes.

In this unit, you will review the kinds of words that some employees may find difficult. You will be given a method to review and learn unknown words. Further work is provided on terminology and vocabulary in upcoming units.

Description of Video Materials

The videotape for this unit is on Tape #1 and is labeled Segment 4[1]. It begins at 00:40:37 and ends at 00:49:34 when the words "End of Segment 4" appear. This segment is an excerpt from the OMRDD SCIP training tape. Although this is a tape that is used for training in the SCIP course, for our purposes we will not be focusing on the content as much as on the language and vocabulary that the Instructor uses in providing the information.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 1, Unit 7). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

1. View video Segment 4. When you reach the section entitled "Interdisciplinary Team," about seven minutes into the segment, stop the tape. The remainder of this section has no assignment connected to it.

2. Rewind the tape to the beginning of Segment 4. Replay this portion of Segment 4. This time, as you review this segment, make a list of any technical words or vocabulary that are unknown to you or that you don't understand. Stop when you reach the section entitled "Interdisciplinary Team" again. Feel free to stop and start the tape as much as you need to while viewing, and to review it as many times as you need to.

3. As a supplement to this unit, there is a list of words you may have found difficult. Check off the ones that you included on your list. Add any additional words you identified to the bottom of the list.

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[1] **Strategies for Crisis Intervention and Prevention: SCIP Training Program**, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilties, Office of Workforce Planning and Development.

Learning Activity 2

Often, in written and spoken language, unfamiliar words can be figured out by using the text surrounding the word to help you understand the meaning. The speaker or author wants you to understand what he or she is saying and will give you clues to help you. In addition, technical words are often repeated many times in a long passage or lecture. If you can't figure them out the first time, you may be able to the next time they appear in what you are reading or listening to.

Supplement 2 gives you some of the terminology used in the SCIP segment that you just viewed, and shows you how you can use author clues to figure out the meaning.

Study Supplement 2. After you feel you have a good understanding, rewind the tape and view Segment 4 once again, listening for the vocabulary words that were identified in Supplement 2 and how they are used in this lecture.

Learning Activity 3

Turn back to Supplement 1. Are there any words on your list whose meaning you would like to review? In the space provided in Supplement 1, write what you think each unknown word means. Then check the definition in your dictionary. Put a check mark in the space provided if you were right.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail:

- Supplement 1 from Learning Activities 1 and 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Name____

THEME AREA 1, UNIT 7

Supplement 1

Technical Words and Vocabulary, Partial List
SCIP Training Tape

Words are listed in the order they are spoken on the tape.

COMPETENCY On my list: Yes________ No________

What I think it means____________________________________

____

____

Correct? Yes________ No________

INTERVENTION On my list: Yes________ No________

What I think it means____________________________________

____

____

Correct? Yes________ No________

GRADIENT CONTROL On my list: Yes________ No________

What I think it means____________________________________

____

____

Correct? Yes________ No________

PERSONALIZE On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

COMPOSURE On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

MALADAPTIVE BEHAVIOR On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

OFFENSIVELY On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

DIGNITY On my list: Yes________ No________

What I think it means____

____

____

Correct? Yes________ No________

IMPLEMENTATION On my list: Yes________ No________

What I think it means____

____

____

Correct? Yes________ No________

UTILIZE On my list: Yes________ No________

What I think it means____

____

____

Correct? Yes________ No________

INTRUSIVE On my list: Yes________ No________

What I think it means____

____

____

Correct? Yes________ No________

HYPERVENTILATION On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

APPROPRIATE On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

ABIDE On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

FACTORS On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

TOLERATE On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

DIFFUSE On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

PROXIMITY On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

AGITATION On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

REDIRECT On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

EFFECTIVELY On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

TECHNIQUES On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

REASSURE On my list: Yes_________ No_________

What I think it means____

____

____

Correct? Yes_________ No_________

EMPHASIZE On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

BEHAVIORAL On my list: Yes__________ No__________

What I think it means____

____

____

Correct? Yes__________ No__________

OTHER WORDS ON MY LIST

______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

THEME AREA 1, UNIT 7

Supplement

Understanding Vocabulary from the Context

Author Clues:

(Examples are given in the order they appear in the SCIP tape)

1. The author may give you the **definition** of a word in another part of the sentence.
   Example:
   gradient control, that is, use the least intrusive interventions

2. The author may give an **example** that will help you understand.
   Example:
   Don't **personalize** a situation. Don't get involved in a power play.
   (Dictionary definition: to make personal or individual)

3. Sometimes a word will be described as different from its **opposite**.
   Example:
   SCIP developed as a defensive intervention. It must not be used **offensively**.
   (Dictionary definition: aggressive, attack)

4. A word can be defined by its **synonym**.
   Example:
   right to be treated with respect and **dignity**.
   (Dictionary definition: worthy)

5. A word may serve a **similar function to the words it is grouped with**.
   Example:
   hyperventilation is included with a list of symptoms.

6. When two words are hooked up together, **you may be able to figure out one word if you know the other.**
   Example:
   Model **appropriate** and acceptable behavior.
   (Dictionary definition: suitable)
   Must be aware of and **abide** by regulations protecting rights of individuals.
   (Dictionary definition: continue, endure)

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 8

Taking Notes

Job Context: Writing Notes (or Log Entries)

Communication Skills: Recognizing Pertinent Information; Writing in Complete Sentences; Editing Skills

Objectives:

- review purpose of notes
- relay accurate, precise information in writing
- review correct spelling, sentence structure and verb forms
- read and review Information Documentation guidelines

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will review the purpose of notes and how to observe and record accurately. Guidelines for accurate reporting and recording will be given.

In addition, you will be given time to answer the interview questions your e-mail partner sent you as part of Theme Area 1, Unit 6.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit #. Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of the Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

There are many forms and records that are kept by Direct Care Workers that require accurate and complete observations and recording. In the Supplement Section there are examples of two such forms: an N-27 form and a Communications Log form.

Read Supplement 1, Objective #4 from the **OMRDD Learning Guide for Individualized Instruction.** Complete Activity #3, Resource #6.

Learning Activity 2

There are basic guidelines that should be followed when writing notes and keeping documentation, such as writing clearly and using approved abbreviations. Other guidelines may be different from one DDSO to another, such as using red ink for headings. Supplement 2 provides **Documentation Guidelines** from the Finger Lakes DDSO **(Newark DDSO) Documentation Resource Book.** Read once through the **Documentation Guidelines.** Read it a second time while filling out the **Documentation Guidelines Worksheet.** Which of the guidelines are the same as the ones you follow at your worksite and which ones are different? If one is different, in what way is it different? Fill out the appropriate columns on the **Documentation Guidelines Worksheet.**

Use the **Documentation Guidelines** as a reference. You may want to refer to this **Documentation Guideline** when completing the rest of the Learning Activities in Theme Areas 2 and 3 and when completing your own notes, incident reports, and forms on the job.

Learning Activity 3

In this Learning Activity, you will be answering the e-mail message that your e-mail partner sent you when he or she completed Theme Area 1, Unit 6, Learning Activity 2.

Write your responses to your partner's questions in complete sentences. You can refer to the Writing Skills Handbook (Bazerman/Wiener) Chapter 1 for information on sentences. Be sure you give him or her all the information he or she needs to have a complete understanding of how the activity you are describing is carried out at your worksite. When you are finished, reread and edit your work. Be sure to use the All-in-One spell-check function before sending your message.

Send your letter to your e-mail partner with a copy to your Instructor.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Activity #3, Resource #6 from Learning Activity 1
- Document Guideline Worksheet from Learning Activity 2

Send by e-mail

- Copy of letter to e-mail partner

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Maintains Health

Task: 4.19 Report significant changes in a person's physical condition.

Objective # 4: Report and record significant changes in a person's condition accurately and promptly.

Resource #5

Directions: This section of the Learning Guide describes guidelines for and significance of accurate reporting and recording. Study this information carefully.

Introduction

Observation, reporting and recording are closely related processes. In most instances, one aspect is incomplete without the other.

Significance

Why is it necessary to report and record observations? Reporting and recording are significant for the following reasons:

- Health care professionals can make required changes in the person's plan for care. Treatment plans often are revised based on observations.
- The effectiveness of the treatment plan can be determined.
- Serve as a guide for additional observations.

Guidelines for Reporting an Recording

Report and Record

- As soon as possible after you've made an observation. Report emergency situations immediately.
- Accurately. State exactly what you saw, heard, felt or smelled.

Resource #5 (continued)

- Objectively. Avoid interpreting information or stating an opinion. If the person is able to describe a change, report the information in the person's exact words.
- Completely. Give all of the information you observed.

If you are unsure if information is significant to report - REPORT! Be safe! There is no harm in reporting information that the health care professional is already aware of. However, there is great potential for harm in not reporting significant information.

Test your knowledge of reporting and recording by completing Activity #3, Resource #6.

Duty: Maintains Health

Task: 4.19 Report significant changes in a person's physical condition.

Resource #6
Activity #3

Directions: Respond to the following statement:

1 List three guidelines for reporting and recording.

a.

b.

c.

Correct your responses using the Answer Key on the following page. If you did not score 100%, restudy Resource #5 and repeat the Self Check.

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Duty:	**Maintains Health**
Task:	**4.19 Report significant changes in a person's physical condition.**

Answer Key
for
Activity #3

1. Report and Record:

   - as soon as possible and immediately in emergency situations.
   - accurately
   - objectively
   - completely

From: OMRDD Learning Guide for Individualized Instruction
(Duty: Maintains Health; Task 4.19)

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Supplement 2

DOCUMENTATION GUIDELINES

1. **Types of information recorded:**

    a. Observations
    b. Signs and symptoms
    c. Therapeutic
    d. Treatments
    e. Action initiated by you
    f. Behavior
    g. Specific response to any measure taken, e.g. Medications; PRN's; Treatments.
    h. Who, what, where, when
    i. To what extent

2. **All documentation** done in:

    a. black ink
    b. red for headings
    c. never pencil

3. **Write clearly** or print.

4. **Be aware** of spelling and wording. (For practice, try writing on scratch paper and reading aloud to someone).

5. Do **not** leave spaces at end of report.

    a. Draw a line to the end of the paper.
    b. Sign your full name and title.

6. If you make an **error** you:

    a. Do not erase or use whiteout
    b. Draw a line through error
    c. Write the word "error" above mistakes
    d. Initial and write the date

7. Do **not** document for anyone other than yourself unless you note that it is per the person.

8. **Always** use approved abbreviations.

9. **Record after** the event has taken place, never before.

10. **Always be accurate, truthful and specific.** (A small notebook for jotting down information is very helpful for refreshing your memory).

11. Document **any and all abnormal** signs and symptoms.

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12. Rule of thumb:

    "If it is not documented, it has not been done."

13. Individual's folders are considered a **legal document** and are, therefore, admissible in a court of law.

14. Second rule of thumb:

    "Better to report and record too much than not enough."

15. **Verbally report** in addition to documentation where indicated and note verbal notification in documentation.

16. **If note is not completed on one page,** write "continued" and sign first page as well as the second page. Assure that there is a heading on the second page.

17. **Be brief** but be sure to **include all pertinent** information; avoid if's, and's, but's.

18. **Do not guess,** have facts.

19. **Do not make judgements,** e.g., if you had done what I told you, you would not have gotten hurt. Avoid chart battles or personal opinions. Include only pertinent information.

20. Record on a **timely** basis.

21. **In general,** reporting and recording should include your observations and actions, e.g.:

    a. **What you see:** e.g. bleeding, pallor, drainage, changes in color or urine, bruises, cuts, scratches, edema.

    b. **What you hear:** e.g. complaints, moaning, difficulty breathing.

    c. **What you smell:** e.g. bad breath, foul drainage from dressing, odor from casts or body orifices.

    d. **What you feel:** e.g. hot areas of skin, lumps, lack of motion at site of healed fracture.

    e. **What you did:** e.g. put side rails up, helped them with ambulation, put them to bed because they did not feel well.

22. **Good documentation** is valuable for all **team members**. It is a valuable resource in facilitating and planning and evaluation of the individual's care and progress.

23. **State observation in definitive terms** (don't use "appears" or "apparently").

24. **Be sure to sign all notes** with your full name and title. Note date and time for all notes.

25. **Be alert for changes of:**

    a. **eating habits:** e.g. anorexia (poor appetite), increased appetite.
    b. **Voiding habits:** e.g. excessive urination, bloody, painful, huge amounts, odor, color.
    c. **Bowel habits:** e.g. diarrhea, constipation, bleeding, difficulty without constipation.
    d. **Activity level:** e.g. fatigue which is excessive, too quiet, too hyper.
    e. **Dressings:** e.g. too tight, edema, discoloration, foul odor, drainage.
    f. **Incisional area:** e.g. inflamed, drainage odor.
    g. **Pain:** e.g. unusually severe, area of pain; how long has she/he had, type (dull, sharp, etc.) if known.
    h. **Treatments:** e.g. progress.
    i. **Diagnostic procedures:** e.g. what untoward effects, allergic reactions.
    j. **Referrals:** e.g. clinics, consultations.
    k. **Complications:** e.g. signs, symptoms, immediate care, physician notified and follow-up, progress or lack of.

26. Following a course of treatment, there should be a **"wrap-up"** note, stating that the course of treatment has been completed, the individual's response and the current condition. The nurse will do this note in many instances but anyone could do it.

27. **Assessments** should be typed where possible.

28. Take the time to write well.

29. If you have charted on the **wrong person's chart**, write **wrong chart in the margin and sign and date.**

30. **N27 NOTES**

    - **They should read like a story** - who, what, where and when.

    - The writer should **assume the reader does not know the individual** and, therefore, sufficient detailed information to make it understandable should be included.

    - Completion of a 147 **should be noted on the N27.**

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- Completion of a **physical intervention sheet** should be included on the N27.

- Completion of a **seizure form** should be noted on the N27.

- Completion of **any form that does not become part of the record**, should be noted on the N27.

- The **title or subject** of the N27 note should be noted in red at the beginning of the note.

- **Positives** should be noted as well as **negatives**.

- The individual's **residential advocate** should do a **weekly summary note** on the N27. Items to include in this note are:

    - activities participated in
    - participation in and progress on residential objectives
    - status of behavior
    - anything good or bad that happened with the individual that week
    - summarize any events or happenings of the week

- **Daily notes** should be done for 7 **days following admission** to any program.

- **When an individual is new** to their home, there should be a note on each shift for the first week, one note per day for the second week and then weekly thereafter.

- Documentation is needed following a **medication change**.

- **Out of sequence notes** should be flagged by noting both the date it is being written and the date being referenced.

- There should be a **follow-up note following administration** of a PRN medication, noting the individual's response to the medication.

- If you **refer** to **another** individual other than the individual in whose chart you are recording, use only initials.

- **Anything important enough to be on the log book sheet**, should also be noted on the individual's N27.

31. **Additional charting** information can be found in the Nursing Manual.

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32. **Accepted Abbreviations** can be found in the following:

- Nursing Manual
- Dental Manual
- Client Records List
- Pharmacy List

From: Finger Lakes DDSO (Newark DDSO) Documentation Resource Book

Name____

THEME AREA 2, UNIT 8, LEARNING ACTIVITY 2

Documentation Guidelines Worksheet

	SAME	DIFFERENT	DIFFERENT IN WHAT WAY?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

	SAME	DIFFERENT	DIFFERENT IN WHAT WAY?
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			

Theme Area 2, Unit 8, Sample Form

COMMUNICATIONS LOG

SERVICE ____________ LIVING UNIT ____________ DATE ____________

DIRECT CARE STAFF	NURSING STAFF
Night Shift:	
(continuation on back, if needed)	
Day Shift:	
(continuation on back, if needed)	
Evening Shift:	
(continuation on back, if needed)	

NYS OMRDD

IPP 65

NOTES

(5/90)

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 9

Observation and Note-Taking

Job Context: Writing Notes (or Log Entries)

Communication Skills: Recognizing Pertinent Information; Planning to Write; Writing a Note; Writing Skills

Objectives:
- describe how you distinguish between significant and irrelevant information
- plan to write
- relay accurate, precise information in writing
- review correct use of technical vocabulary
- review correct spelling, sentence structure, and verb form

Materials
- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

This unit will provide practice in observing and taking notes. You will view an event that takes place in a Community Home and take notes on what happened.

Description of Videotape Material

The videotape segment shows a situation where a Direct Care Worker, Mike, is trying to find out why an individual, Alberto, does not come down to dinner. The video material for this unit is on Tape #1 and is labeled Segment 5[1]. It begins at 00:49:40 and ends at 00:53:59, when the cameraperson takes a closeup shot of Mike, who shakes his head and says, "I don't know what to say to him," and the words "End of Segment 5" appear. It is in two sections and is approximately four and a half minutes long.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 2, Unit 9). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

1. View Segment 5. At the end of Segment 5, stop the tape.
2. Make a Recall List. Write down whatever you can remember from this segment. Think about the questions Who? What? When? and Where?
3. Rewind the tape. Replay Segment 5. As you view this segment, take notes, skipping lines on your paper.
4. Put your notes aside. Without looking at your notes, add as much information as you can to your Recall List.

   How many additions did you make to your Recall List?________________________

5. Using your notes and your Recall List, rewrite your notes as they would appear on a Note Form (N27).
6. Rewind the tape. Play Segment 5 again and make any necessary additions to your notes.

Learning Activity 2

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Coprright 1989, New York State Office of Mental Retardation and Developmental Disabiltities.

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On this tape, Mike is trying to find out why Alberto won't come down to dinner. Have you ever had a similar situation with an individual in your care? How did you handle it? Do you think Mike handled this situation well? What would you have done differently?

E-mail a letter to your Instructor discussing your feelings about this videotape segment. Be sure to edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Recall List, notes, and final draft of a Note Form (N27) from Learning Activity 1

Send by e-mail

- Your comments on this video segment

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 10

Examples of Good and Bad Note-Taking

Job Context: Writing Notes (or Log Entries)

Communication Skills: Recognizing Pertinent Information; Writing a Note; Reading Comprehension

Objectives:
- describe how you distinguish between significant and irrelevant information
- relay accurate, precise information in writing
- read and review notes

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In the last two units, you reviewed guidelines for documentation and practiced writing notes. In this unit, you will continue building your expertise in writing notes by studying notes that are written the right way and wrong way, determining what information is missing from these notes, and practicing correcting the notes.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme

Area 2, Unit 10). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

1. Review the **Documentation Guidelines** from Unit 8. Be sure to look over item #1 on types of information recorded; item #21 on what to include in observations; and item #30 on filling out Notes (N27).

2. In the Supplement to this unit are sample notes for five individuals. These sample notes are taken from the Finger Lakes DDSO **(Newark DDSO) Documentation Resource Book.** For the first four individuals the note is written the wrong way and then the right way. What information is missing from the wrong way? Remember, notes should include who, what, when, and where.

   For example, for Sue Brown the following is missing from the note written the wrong way:
   - More specific information on **when** she felt dizzy (when she stood up)
   - Expanded information on **what** was done (BP in right arm; temperature taken orally, etc.)
   - More detailed description on **what** you saw and **what** the client said (pale & tired)
   - Information provided on **what** was done (nurse notified)

   On your looseleaf paper, list what is missing from the notes written the wrong way for Carl Fletcher, Sean Mulligan 1, and Sean Mulligan 2.

3. For the fifth individual, Gary Reed, a note is provided written the wrong way. Expand this note so it is written correctly. Be sure to include all information that may be pertinent, such as:

   - Where was Gary found?
   - What was the extent of his injury?
   - What medical action was taken?
   - What did you observe about his physical appearance?
   - Were vitals taken and recorded?
   - Who was notified?
   - How was he transported?
   - Include any other information that you think should be in this note.

Learning Activity 2

For the next unit, Theme Area 2, Unit 11, you will be critiquing your own notes that you have written at your worksite. Make copies of five different notes you've written over the past few weeks. You will need these when you next work on the Distance Learning Program.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Looseleaf page with work from Learning Activity 1

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Supplement

NAME (LAST) (FIRST) (MI)	C-NUMBER
Brown, Sue T.	037022

Wrong Way

8/24/90 Medical: Sue complained of a headache and feeling dizzy tonight. I took her B/P it was 120/80. Pulse was 80. Jane Doe CRA

Right Way

8/24/90 Direct Care Health Note:

7^{00}/p Sue complained of having a headache and feeling dizzy when she stood up.

7^{05}/p Vital signs done - BP 120/80 in right arm while standing - BP 110/70 in right arm while sitting, R 20 P 80 T 100^{2} (orally). She looks pale and says she feels tired.

7^{20}/p nurse notified. directions are to observe.

Jane Doe CRA

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NAME (LAST) (FIRST) (MI)	C-NUMBER
Fletcher, Carl	045132

Wrong Way

9/10 Carl had dinner at a C.R. He was good during the visit and wants to move there.

K. Smith

Right Way

9/10/90 Program Manager Note: Carl went to the Alton
4:30 P.M. Community Residence for a dinner visit. Carl's Volunteer (Joe) went with him.

7:00 P.M. Carl ate all of his dinner, interacting appropriately with others during the meal and he cleared his place setting after dinner. Joe said that several individuals from the house introduced themselves to Carl and that a staff person from the house introduced Carl to everyone else. Carl interacted with several folks at the house and said that he knew them from the program site. Upon returning home, Carl stated that he likes the new house and would like to live there. Karen Smith ICF PHI.

NAME (LAST) (FIRST) (MI)	C-NUMBER
Mulligan, Sean O. -NOTE 1	012221

Wrong Way

9/15 Sean went to program 4x's this week. He refused to work on his goals at home this week. He got into a fight with Jeff on Thurs. night. —— David Adams —

Right Way

9/15/90 9:30 p. **Direct Care Weekly Summary:** Sean went to program (4) times this week. He didn't go to program on Thurs. 9/13 because he went out with his mother and sister. Sean would not work on his meal preparation goal on Thurs., he was very excited about having company. The rest of the week he was excited about working in the kitchen. Sean got into an argument with another individual from the home on Thurs. eve. The other individual accused Sean of not telling the truth when Sean was talking about his company and all the fun he had. Sean was re-directed as written in his behavior management plan with no further problems. — David Adams CRAH

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NAME (LAST) (FIRST) (MI)	C-NUMBER
Mulligan, Sean O. -NOTE 2	012221

Wrong Way

9/14 Sean had company ~~today~~ yesterday.
A. Jones

Right Way

9/13/90 Direct Care Note: ———

11AM Sean's mother and sister Kelly visited him today. They took him out to lunch and then shopping. ———

1^{30}P. Sean's mother said that he did ~~not~~ error 9/13 A.J. eat all of his lunch and that he bought a new radio. for his room. (listed on property list). His mother said that they had a great time and that they will be back on Sat., Oct. 20th. to take him out to lunch again. — Amy Jones CRA —

NAME (LAST) (FIRST) (MI)	C-NUMBER
Reed, Gary L.	013331

Wrong Way

10/16/90 **Direct Care Note:** Gary was found with a cut above his left eye - taken to Newark Hosp. and admitted — K. Garrett —

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 11

Analyzing Your Writing

Job Context: Writing Notes

Communication Skills: Distinguishing Between Relevant and Irrelevant Information; Editing Skills; Learning Techniques for Assessing Own Writing

Objectives:
- describe how you distinguish between significant and irrelevant information
- detect and correct grammatical and spelling errors
- recognize importance of good handwriting or penmanship
- implement a procedure for assessment of own writing

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will begin to apply what you've learned to your own writing. You will be given a method to check your own work to determine if the notes you write are clear and accurate. No matter how well-written your notes, if your handwriting is sloppy and difficult to read, your ideas cannot be communicated well. Therefore, as part of this activity, you will also assess your handwriting and penmanship.

Finally, you will complete step 3 of the e-mail communication activity that you completed with your e-mail partner in previous Learning Activities. You will compare the activity your partner described with what happens at your own worksite.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 2, Unit 11). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

1. Look through the notes that you have kept over the last few weeks. Pick out three that you think are the best examples of well-written notes.

2. Divide your looseleaf page into two columns. Label the left hand column What Makes This Note Well-Written and label the right hand column How to Improve Note-Taking. Make a list under each heading. For example, your note may be well-written because it is written clearly, spelled correctly, and follows the proper form, or it may need improvement because not enough detail is given.

3. Now look at your three notes again. Have you developed your notes enough and provided enough detail and necessary information? On a separate looseleaf page list, for each note, any information that you think is missing that should be included. Follow the same procedure you used with the sample notes in the last unit. Think about Who? What? When? Where?

4. In the Supplement is a Checklist of questions to ask yourself to see if your notes are written accurately. Use this Checklist to critique your three notes and add to your lists anything else that is still missing or done incorrectly.

5. Pick one of the three notes and rewrite it using the comments you have made on each of your lists and the Checklist.

6. When writing your notes at the worksite you may want to follow a similar procedure to ensure that your notes are complete and accurate:

   - As soon as possible, jot down the important details: who, what, when, and where.
   - Write a draft of your notes.
   - Use the Writing Checklist and make corrections as needed.
   - Check for proper spelling and sentence structure.

Learning Activity 2

Good penmanship and clear handwriting are important so that what you have written can be read easily and accurately. It also reflects positively on you as a professional.

Look again at the notes you have written. Is your writing neat and legible? Are the letters clear and well-formed? Are your words well-positioned on the lines and in the space provided on the form? Are there many mistakes and cross-outs? (One or two cross-outs may be okay but too many makes your work look sloppy).

On a sheet of looseleaf paper, list two or three things you can do to improve your handwriting and how you plan to work on making this change.

Learning Activity 3

By now you should have your e-mail partner's response to your questions about how an activity is done at his or her worksite. Divide a sheet of looseleaf paper into two columns. Label the left hand column Same and label the right hand column Different. Under each column list the things that are the same and different when comparing the activity at your worksite and at your partner's worksite.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Looseleaf pages with work from Learning Activities 1, 2, and 3
- Xerox copies of the three sample notes you've used for this exercise

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 2, UNIT 11

Supplement

Note-Taking Checklist

- Notes are accurate and specific
- All pertinent information is included
- Only accepted abbreviations are used (see Writing Skills Handbook, Chapter 12)
- Sentences are well-written and clear (see Writing Skills Handbook, Chapter 1)
- Spelling is correct (see Writing Skills Handbook, Chapter 14)

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 12

Improving Your Writing

Job Context: Writing Notes and Narratives

Communication Skills: Writing Skills; Reading Comprehension

Objectives:
- review written material on effective writing
- review guidelines for clear writing
- use simple and direct vocabulary

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

How can you improve the quality of your writing? This unit, from the **OMRDD Effective Writing Skills Supplemental Learning Guide**, will give you some pointers on how to simplify your writing and make it clearer.

Learning Activity[1]

1. Read the Supplement **Write with your reader in mind**.
2. Answer the comprehension questions that follow the Supplement. Check your work for spelling and correct usage.
3. Complete the Activity Sheet.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- The Comprehension Question Sheet and the Activity Sheet

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

---

[1] This learning activity asks for your personal opinions or experiences. Any information you give will be kept confidential.

Write with your reader in mind.

How can you improve the quality of your writing? The most important thing you can do is to write with your reader in mind. Thinking about your reader will force you to do several things:

- Avoid jargon when writing for an audience outside the agency. Jargon is the specialized vocabulary that you use in your work. You and your co-workers may understand what you say, but someone outside the workplace won't.
- Consider the reading level of your readers. If you are writing for an audience of college graduates, you probably don't have to worry about making your writing too complex. But if you are writing for a general audience, you should avoid long sentences and unusual words.
- Consider your reader's response to what you write. Is your reader likely to be confused? angry? uninterested? How can you change what you have written to create a more desirable response?
- Be careful not to offend your reader. It is easy to give offense without realizing it. For example, mentioning something about attendance problems may make your reader think that you have a low opinion of most employees.

Keep it simple

Henry David Thoreau, a famous American author, offered this prescription for living a happier life: "Simplify, simplify, simplify." That is also a good prescription for improving your writing. Effective writing is simple and to the point. It contains no unnecessary or unusual words, no long, complicated sentences. Here are some things to watch for to make your writing simpler and more effective:

- Unnecessary words. Try to use as few words as possible to get your point across. You will save time for yourself and your reader, and you will also make your writing easier to follow.
- Long sentences. Long sentences are confusing and difficult to read. Do your readers a favor. Make most of your sentences less than 15 words long.
- Unusual words. We all like to show off our vocabulary once in a while. But you should avoid using words that your reader may not understand. After all, the main purpose of writing is communication.

Guidelines for clear writing

1. Know your purpose.

   What do you want to accomplish with this piece of writing? Keeping your purpose in mind as you write will help you stay focused. As you revise what you have written, ask yourself: "Will this piece of writing do what I want it to do?"

2. Know your main message and organize your ideas.

   Make it easy for your reader to grasp your main points.

3. Identify your audience.
   - How much does your audience already know?
   - What can they reasonably expect from your document?
   - What do you expect them to do with the information you are sharing with them?

4. Eliminate phrases that are trite or pretentious

Trite or Pretentious	Simple and Direct
at all times	always
at an early date	soon
at the present time	now, currently
despite the fact that	although, though
facilitate	help
finalize	complete, finish
in the event that	if
in the majority of instances	usually, generally
in view of the fact that	because
notwithstanding the fact that	although
on the occasion	on, when
optimum	best
succeed in doing	do, accomplish
with regard to	regarding, about
within the realm of possibility	possible, possibly

5. Eliminate redundant words and phrases.

Redundant	Simpler
first initiated	initiated, begun
resumed again	resume
reduced down	reduced
refer back	refer
up to about	up to, approximately
close proximity	proximity
irregardless	regardless

6. Eliminate phrases that state the obvious.

   you will find it interesting to know

   this is a letter about

   this is to inform you that

   we have found that

   it will be observed that

   kindly note that

From: OMRDD Effective Writing Skills
Supplemental Learning Guide

ACTIVITY SHEET

Revise the following sentences to make them more clear and concise.

1. I am going to list, for your information, the items that, from my point of view, we should discuss during the meeting planned for February 5.

2. Due to the fact that the washing machine in the residence is malfunctioning, we should plan to make other contingency arrangements for laundry-related activities.

3. Habitual poor performance by the staff in regard to timely attendance should be addressed in personal communications between the supervisor and the staff person(s) involved.

4. Positive performance necessitates an acknowledging feedback response from the supervisor of the person who has demonstrated the performance.

5. Promotional and advancement opportunities are being limited by constraints related to budgetary concerns.

Name____

THEME AREA 2, UNIT 12

Comprehension Question Sheet

These questions are based on the supplement, **Write with your reader in mind**. You can look back at the passage when answering the questions if you wish.

1. What is the most important thing you can do to improve the quality of your writing?

2. Do you agree that it is important not to offend the reader? Why? Why not?

3. Can you think of an example, other than the one given in the passage, where a reader might be offended?

4. Have you had an experience where someone wrote something to you or spoke to you in jargon? How did you feel?

5. List 3 guidelines for clear writing.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 13

Writing Practice

Job Context: Writing Notes

Communication Skills: Recognizing Pertinent Information; Writing Descriptions; Editing Skills

Objectives:
- relay accurate, precise information in writing
- review correct spelling, sentence structure, and verb forms
- apply editing skills

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

This unit will give you practice in writing and using the Writing Checklist in Unit 11 and the **Guidelines for Clear Writing** in Unit 12. You will be writing a description of two individuals.

Description of Videotape Materials

The videotape segment provides a description of two individuals, Keith and Tom, by the

Direct Care Worker, Joe. In each case, their comments are followed by footage of the individual in action.

The videotape for this unit is on Tape #1 and is labeled Segment 6[1]. It begins at 00:54:06 and ends at 1:08:15. The words "End of Segment 6" appear when the segment is over.

There are six sections in this segment. The first two sections are about Keith. The second section ends when Keith leaves the room to go and take a rest.

The next four sections are about Tom. The sections on Tom end when Tom is walking down the hall and says, "Thank you, Sylvia." Joe says, "She told you how good you look." It is followed by the words "End of Segment 6."

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 2, Unit 13). Head each part of your written work with the Learning Activity number so that your Instructor will know which part of this unit it applies to.

Learning Activity 1

1. View the first two sections of Videotape #1, Segment 6. These sections are about Keith. When you reach the end of this section, stop the tape. Feel free to review these sections as often as you need to when writing your description.

2. Write a description of Keith. Include as much detail as you need to give a good portrait of Keith. Include information on his personality, physical characteristics, interests, abilities, habits, and any other relevant information. Organize your ideas.

3. Reread the **Guidelines for Clear Writing**, a supplement to Unit 12. Check your writing. Does it meet those criteria? Edit as needed.

4. Check your work using the Writing Checklist in Unit 11. Make any changes or corrections that are needed.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabiltities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 2

If you have time, repeat the above procedure and write a description of Tom, the second individual described in this segment. View the last four sections of Segment 6. When you reach the end of Segment 6, stop the tape. Review these four sections as often as you need to when writing your description.

Complete tasks 2 and 3 under Learning Activity 1.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Descriptions for Learning Activities 1 and 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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THEME AREA 2

Writing Notes and Narratives

UNIT 14

Spelling Review

Job Context: Writing Notes for Documenting Individual's Activities, Reporting Progress, etc.: Spelling Individuals' Names and Other Proper Nouns Correctly; Spelling Technical Words Correctly

Communication Skills: Spelling; Learning a Technique for Self-Study of Spelling Words; Dictionary Skills

Objectives:

- review the importance of spelling individuals' names correctly
- spell individuals' names correctly
- practice spelling technical words correctly
- review spelling rules and apply to writing
- learn a technique for self-study of spelling words
- review using a dictionary
- review meanings of words that are used frequently in reports
- use context to determine meaning of unknown words

Materials

- Study Guide
- Looseleaf Paper and Pen
- Dictionary
- Videotape #1

Introduction

When writing notes and other reports on the job, it is important to communicate your ideas clearly so that the information can be understood easily by the reader. Written documents completed by Direct Care Workers are read by many other people, including staff on other shifts and by the members of an individual's planning team. In addition, OMRDD reports and forms are often legal documents. It is important that they be accurate, [correct,] and professional. Using correct spelling in your writing is important for a clear, professional product.

Your work in this unit will focus on spelling. You will review basic rules and learn some techniques for developing your spelling skills. you will find the Writing Skills Handbook, Chapter 14 extrememly helpful while doing this unit.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 2, Unit 14). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

One of the best ways to spell correctly is to be aware of the words you have difficulty spelling and to practice these words over and over again.

Use your index cards to keep a list of words you have difficulty spelling. Use one card for each word. Underline the part of the word that you usually have trouble spelling. Study these words often. Because they are written on index cards, you can take them with you to review when you have a free moment during the day (when you are waiting on lines or at the doctor's office, for example).

You may want to keep your index cards in a box at your work area, filed in alphabetical order. When you are unclear about how to spell a word that is used frequently in your professional writings you can look up the correct spelling in your word box.

Learning Activity 2

Often proper names are difficult to spell. Common spelling and syllabication rules may apply, but frequently names are spelled irregularly. Yet spelling proper names correctly is very important. Taking the time to spell a person's name correctly shows respect. It also decreases the likelihood that records for different individuals will get mixed or misfiled.

The simplest way to remember how to spell a person's name is to memorize the spelling. Check each time to see that you are spelling an individual's name correctly. You may want to include the names of the individuals you work with on a regular basis in your word box so you can refer to them as needed.

On a looseleaf page, make a list from memory of the names of the individuals you currently work with. Check your spelling against the records. Did you spell their names correctly? Make a spelling index card for each of these individuals. Underline the part of their name that you had difficulty spelling. Complete the questions listed under Learning Activity 2 on the worksheet.

Learning Activity 3

There are some basic spelling rules that are helpful in learning how to spell words. There may be some exceptions to these rules, but they work more often than not. Learn these rules and apply them when you come across a word you don't know how to spell. Study the spelling rules that appear in Supplement 2.

Learning Activity 4

The dictionary is a useful tool to use as a reference when you are writing. In addition to using the dictionary to find out the meaning of words, it provides guidelines to help you in pronouncing and spelling words.

Spelling: The dictionary shows how a word is spelled. Sometimes there is more than one acceptable way to spell a word and both spellings are given. The dictionary also shows how a word is spelled for different forms of the same word. For example:

abuse abused; abusing; abusive

If you don't know the plural of a word or how to spell it, the dictionary will let you know. For example:

child children

Pronunciation: The dictionary shows how a word is pronounced. The pronunciation of a word is located right after the word. It shows the phonetic spelling of the word. For example:

seizure / sē-zhər

A list of correct pronunciation of phonetic symbols is usually located at the front of the dictionary. Your Writing Skills Handbook, pages 96 - 98, provides additional information on using the dictionary.

Learning Activity 5

Here is a technique to use when trying to spell a word: [1]

1. Say the word to yourself or out loud. Listen both for the syllables and the individual sounds. Try to spell the word the way it sounds.

2. Write the word on a scrap piece of paper. Does it look correct? Often when you have seen a word before from your reading, you recognize it as spelled correctly when you see it in writing.

3. See if any of the spelling rules apply.

4. If you still are not sure how to spell a word, look it up in a dictionary.

View Videotape #1, Segment 4. This was the videotape segment that you used previously for Theme Area 1, Unit 7 in the lesson on figuring out the meaning of vocabulary from the context. It begins at 00:40:37 and ends at 00:49:34.

You only need to view a short portion of this segment for this Learning Activity, perhaps three or four minutes. As you listen, try to identify some words that the lecturer says may be difficult for you to spell and that you'd like to learn using the technique described above.

View the same portion of Segment 4 a second time. This time, write down the words that you would like to learn to spell correctly as you view. Pick no more than 10 words to work on.

Follow the four steps above for each word. Complete the questions listed under Learning Activity 5 on the worksheet.

---

[1] Adapted from Educational Systems Corporation (1972). **Skills in Language 1**. Cambridge Book Company.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Completed worksheet for all Learning Activities

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Name____ Date________________

THEME AREA 2, UNIT 14

Supplement 1

Worksheet

Learning Activity 1

There are no questions for this activity.

Learning Activity 2

1. How many names did you include in your list?______________________________

2. How many were you able to spell correctly on the first try?______________________

Learning Activity 3

There are no questions for this activity.

Learning Activity 4

Look up each of the following words, taken from OMRDD's Incident Reporting Form (147I). Write the phonetic symbols. List the different forms of the word.

1. Adaptive

   Phonetic Symbols:

   Forms of Word:

2. Hazardous

   Phonetic Symbols:

   Forms of Word:

3. Assaultive

    Phonetic Symbols:

    Forms of Word:

4. Residential

    Phonetic Symbols:

    Forms of Word:

5. Restraint

    Phonetic Symbols:

    Forms of Word:

6. Specific

    Phonetic Symbols:

    Forms of Word:

Learning Activity 5

1. List the words you chose to spell.

2. How many words did you spell correctly at Step 1? ______________________________

3. How many words did you spell correctly at Step 2? ______________________________

4. How many words did you spell correctly at Step 3? ______________________________

5. What else did you learn about how to spell words correctly? ______________________

____

THEME AREA 2, UNIT 14

Supplement 2

Some Spelling Rules[2]

1. When trying to decide whether to use **IE** or **EI** in a word where both letters appear together:

   Write **i** before **e** ("rel**ie**ve," "bel**ie**ve")
   Except after **c** ("re**cei**ve")
   Or when sounding like **a**
   As in "n**ei**ghbor" and "w**ei**gh."

2. When adding an ending that begins with a vowel (**a**, **e**, **i**, **o**, **u**) to a word that ends in an **e**, drop the **e** before adding the ending.

   investigate + ing = investigating
   relocate + ed = relocated
   approve + al = approval

3. Look at the last two letters of a word before adding an ending. If a word ends in a vowel followed by a consonant, double the consonant and then add the ending.

   hit + ing = hi**tt**ing
   slap + ing = sla**pp**ing

If you know your spelling needs a lot of work, there are a few other spelling rules you may want to learn. You can find additional rules in your Writing Skills Handbook, pages 92 - 96.

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[2] Education Systems Corporation (1972, 1974). **Skills In Language 1 and 2**. Cambridge Book Company; and Phyllis Mathis (1971). **Increase Your Vocabulary, Book 1**. Cambridge Book Company.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 15

Grammar and Punctuation Review

Job Context: Writing Reports and Log Entries

Communication Skills: Using Correct Verb Forms; Using Correct Punctuation; Writing Skills

Objectives:
- review concept of subject-verb agreement
- review verb-tense agreement
- review rules for using commas
- practice using correct grammatical form

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

This unit, from the **OMRDD Effective Writing Skills Supplemental Learning Guide**, reviews correct grammar and punctuation usage.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 2, Unit 15). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

1. Read the Supplement **Use Correct Grammar and Punctuation**.

2. Complete the Activity Sheet. Refer back to the passage when answering questions if necessary.

Learning Activity 2

Choose one of the writing assignments you completed previously in Theme Area 1 or Theme Area 2. Edit your writing using the grammar and punctuation rules you reviewed today. Ask yourself the questions on the following page as you are editing.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- The Activity Sheet for Learning Activity 1
- A copy of the work you edited for Learning Activity 2
- The Editing Sheet for Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Name____

THEME AREA 2, UNIT 15, LEARNING ACTIVITY 2

Questions for Editing

1. Have I changed person in the course of a sentence?
2. Are the subject and the verb in a sentence consistent in number?
3. Is the tense the same throughout my writing?
4. Is the voice the same within a sentence?
5. Have I used the active voice whenever possible?
6. Have I used commas correctly?

Use correct grammar and punctuation

The grammatical elements to consider are person, number, tense, subject, and voice.

Person

Person refers to the distinction between the person speaking (first person), the person spoken to (second person), and the person, object, or concept spoken about (third person). Be careful not to change person in the course of a sentence.

Example: A staff person should file an expense report for a trip no later than two weeks after you return.

Solution: A staff person should file an expense report for a trip no later than two weeks after he or she returns.

Example: One should lock up if you are the last person to leave.

Solution: You should lock up if you are the last person to leave.

Number

The subject and the verb in a sentence should be consistent in **Number.** If the subject is singular, the verb should be singular. If the subject is plural, the verb should be plural. Problems sometimes arise because a writer does not know what the subject of a sentence is. For example, what is the subject of this sentence: "Each of the managers is responsible for a particular function"? The subject is "each," which is singular. The subject is not "managers," which is the object of a preposition.

Example: Each of the managers are responsible for a particular function.

Solution: Each of the managers is responsible for a particular function.

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Tense

Tense indicates when an action takes place. You should not change tenses in a piece of writing unless you are speaking about actions that take place at different times.

Example: This memo has five sections. Section III will describe closing procedures.

Solution: This memo has five sections. Section III describes closing procedures.

Example: Before we had written this letter, we investigated the possibility of purchasing a new computer.

Solution: Before writing this letter, we investigated the possibility of purchasing a new computer.

Voice

Voice indicates whether the subject of a sentence is the doer of an action (**active voice**) or the receiver of an action (**passive voice**). Do not change voice within a sentence.

Active Voice: "The supervisor has approved Kathy's request."

Passive Voice: "Kathy's request has been approved by the supervisor."

The **active voice** is generally preferable because it:

1. Always tells who or what performed the action.
2. Always requires fewer words.
3. Usually creates a more forceful tone.

Example: During the first part of the year, we concentrated on personnel issues; in the next two months, accounting issues were given more attention.

Solution: During the first part of the year, we concentrated on personnel issues; in the next two months, we focused on accounting issues.

Punctuation

Most punctuation problems involve commas. The following rules should help you use commas correctly.

1. Use commas to separate items in a list.

   The agency will be closed for the holidays in November, December, and mid April. (The last comma in this list is optional.)

2. Use commas to set off parenthetical parts of a sentence.

   Susan Collins, who assumed her position only last week, is already thinking about retiring.

3. Use a comma after an introductory clause.

   Before you decide, listen to what I have to say.

4. Use a comma before the words *and, but, or, nor, for,* and *so* when they link two independent clauses (two clauses that could stand alone as independent sentences).

   I know that you have a low opinion of him, but I think that you should give him a second chance.

From: OMRDD Effective Writing Skills
Supplemental Learning Guide

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ACTIVITY SHEET

Underline the correct word in each of the following sentences.

1. The attention of the committee members (wanders, wander) out the window.

2. Reappraisal of their aims and objectives (is, are) mandatory.

3. Seven sections of the code (needs, need) to be revised.

4. The extent of the problems (has, have) yet to be recognized.

5. (One, You) should keep receipts for all of your expenses.

6. Pedestrians should use extreme caution when (you, they) cross the street at that intersection.

Rewrite the following sentences, changing passive voice to active voice.

7. Some tasks are assigned by managers which are considered unnecessary by their employees.

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8. It is the belief of some linguists that more indirect questions and qualifiers are used by women than by men in everyday speech.

9. The estimates for the new residence were considered much too low by two accountants.

Insert commas in the appropriate places.

10. Because errors in writing are unacceptable and embarrassing correctness is essential.

11. My boss has a horrible personality and most people avoid him.

12. He had never shot a deer in his life but he told great hunting stories.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 2

Writing Notes and Narratives

UNIT 16

Changing Shifts

Job Context: Writing Notes From Own Observations

Communication Skills: Writing Skills; Observational Skills; Problem-Solving

Objectives:
- express observations in writing
- compare and contrast
- assess and correct own writing
- make a problem-solving decision

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit, you will view a videotape of the change of shift in two different worksites. You will take notes on your observations. You will compare what you viewed to the change-of-shift procedures at your own worksite. You will use the problem-solving strategies of observation, analysis (comparing and contrasting procedures) and decision-making.

Description of Videotape Material

The videotape shows occurrences during the change of shift at two different worksites. The videotape for this unit is on Tape #1 and is labeled Segment 7[1]. It begins at 1:08:22 and ends at 1:13:31, when the words "End of Segment 7" appear. It is in two sections. The first section shows the change of shift at Linda's Developmental Center. The second section shows the change of shift at Gabby's Developmental Center. There is no voiceover on this tape. Do not worry if not all the dialogue is clear. Try to pay attention to as many details as you can.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 2, Unit 16). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

1. View Segment 7. At the end of Segment 7, stop the tape.
2. Write down anything you remember about the occurrences at each worksite.
3. View Segment 7 again, taking detailed notes. Stop and start the tape as much as you need to. View the Segment a third or fourth time if you wish.

Learning Activity 2

1. Label a sheet of paper "Ways Similar." Using your notes, make a list of the ways that the change of shift is similar at each site.
2. On another sheet of paper labeled "Ways Different," list the ways that the change of shift is different at each site.
3. Think about the change of shift at your own site. How is your change of shift procedure similar to that at Linda's and Gabby's Centers? How is it different?

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 3

Pick one of the three worksites: Linda's, Gabby's, or your own. What works well in how the change of shift is carried out? What is problematic? What can be done to make this transition go more smoothly? Is there a way to increase communication between shifts?

E-mail a message to your Instructor to share your opinions on this issue. Before sending it, edit your work using the Questions for Editing supplement in Unit 15. Check your spelling using the All-In-One spell-checker.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Notes from Learning Activity 1 and 2

Send by e-mail

- Message from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 17

Incident Report Regulations

Job Context: Incident Report Regulations

Communication Skills: Reading Comprehension; Problem-Solving; Writing Skills

Objectives:

- review Incident Report regulations
- review written material about Incident Report regulations
- understand technical vocabulary through the context
- describe how you apply regulations to own practice
- improve writing skills - describe an event

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

This unit will introduce you to the Theme Area on Incident Report writing. In this unit you will review Incident Report regulations and policy guidelines.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 3, Unit 17). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

The Supplement, **Existing Regulations, Part 624, Reportable Incidents and Client Abuse**, is part of the information which is found in the **NEWS** option on the OMRDD network. You can select **NEWS** from the same Production Application Menu where you find All-In-One. **NEWS** is an on-line "bulletin board" where you can find out important information about events, training, schedules, and regulations which may be important to your job.

To select **NEWS**, first log on to the OMRDD network just as if you were using All-In-One. Then, simply type "NEWS" instead of "A1" and press Enter. To find the document that contains the complete text of the Supplement you'll be reading, enter "1" **(Central Office News).** At the next screen, enter "17" **(QA Regulations)**, and then select "5" **(14NYCRR Part 624, Reportable Incidents & Client Abuse)** for a complete copy of the text.

The Supplement in this Learning Activity includes only part of these regulations. Feel free, on your own, to review the rest of these regulations or to read some of the other items in **NEWS**. You can also print documents which you find in **NEWS**--review your **Reference Manual** if you are not sure how.

Learning Activity 2

Read the Supplement, **Existing Regulations, Part 624 Reportable Incidents and Client Abuse**. Answer the Comprehension Questions that follow. You can look back over the passage, if you wish, to help you in answering the questions.

Learning Activity 3

Section 624.2 (f) on page 1 of the supplement states that not every event, occurrence, and behavior problem is a Reportable Incident and that each agency should decide how to document these other events.

On a piece of looseleaf paper, give an example from your experience of an event or occurrence that took place at your worksite that was not a Reportable Incident or Allegation of Client Abuse as defined in the supplement.

How did your agency document this event or occurrence?

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Comprehension Questions from Learning Activity 2
- Looseleaf page with work from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

24.2 Background and Intent

The purposes for reporting, investigating, reviewing, correcting and monitoring certain events or situations are: to enhance the quality of care provided clients, and to ensure that clients are free from mental and physical abuse.

(b) The primary function of the reporting of certain events or situations is to enable program executives, administrators and supervisors to become aware of problems, to take corrective measures, and to minimize the potential for recurrence of the same or similar events or situations. The prompt reporting of alleged client abuse can ensure that immediate steps are taken to protect other clients from being exposed to the same or similar risk.

(c) The reporting of certain events or situations in an orderly and uniform manner facilitates identification of trends, whether within a program or on a statewide basis, which ultimately allows for the development and implementation of preventive strategies.

(d) It is the intent of this Part to require a process whereby those significant events or situations which endanger a client's well-being, defined in Section 624.4 as "Reportable Incidents," are reported, investigated, reviewed, and corrective actions are taken as necessary.

It is the intent of this Part to require a process whereby an allegation of the abuse of a client, as defined in Section 624.4, is reported, investigated, reviewed and corrective actions taken as necessary.

(f) It is not the intent of this Part to mandate that every event, occurrence, behavior problem or situation attributable to or involving a client, be recorded as a reportable incident. It shall be the responsibility of the agency/program to determine if and how client related events or situations, other than reportable incidents and allegations of client abuse (as defined in Section 624.4), are to be documented, processed, monitored and analyzed for trends through the development of policies and procedures, subject to the approval of OMRDD; and to develop a mechanism for review to ensure compliance with such policies and procedures.

4.4 Reportable Incidents, Serious Reportable Incidents and Client Abuse, Defined

a) Reportable Incidents and Serious Reportable Incidents - Significant events or situations endangering a client's well-being, which are required to be recorded on a standardized form subject to approval by OMRDD; reviewed, investigated and reported to designated parties according to established procedures of the provider agency/program; reviewed by a standing committee; and acted upon in an appropriate manner by the program administrator to bring the matter to closure. A Serious Reportable Incident is a reportable incident which, because of the severity or sensitivity of the situation, must also be immediately reported to OMRDD and followed up in writing on Form OMR 147(I), Reportable Incident Reporting Form.

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Abuse - The maltreatment or mishandling of a client which would endanger the physical or emotional well-being of the client through the action or inaction on the part of any individual including an employee, volunteer, consultant, contractor, visitor, or other persons, whether or not the client is or appears to be injured or harmed. The failure to exercise one's duty to intercede in behalf of a client also constitutes abuse. All allegations of client abuse are to be reported on a standardized form subject to approval by OMRDD; reviewed, investigated and reported to designated parties according to established procedures; reviewed by a standing committee; and acted upon in an appropriate manner by the program administrator to safeguard the well-being of clients and to bring the matter to closure. All allegations of client abuse must be immediately reported to OMRDD and followed up in writing on Form OMR 147(A), Allegation of Client Abuse. Abuse is categorized as follows:

(1) Physical Abuse - Physical contact which may include, but is not limited to such obvious actions as hitting, slapping, pinching, kicking, hurling, strangling, shoving, or otherwise mishandling a client. Physical contact which is not necessary for the safety of the client and causes discomfort to the client may also be considered to be physical abuse, as may the handling of a client with more force than is reasonably necessary.

(2) Sexual Abuse - Any sexual activity between employees, consultants, contractors or volunteers and clients. Any sexual activity between clients and others or among client is

a consenting adult. Sexual abuse includes any touching or fondling of a client directly or through clothing for the arousing or gratifying of sexual desires. It also includes causing a client to touch another person for the purpose of arousing or gratifying personal sexual desires.

(3) Psychological Abuse - The use of verbal or non-verbal expression in the presence of one or more clients that subjects the client(s) to ridicule, humiliation, scorn, contempt or dehumanization, or is otherwise denigrating or socially stigmatizing. In addition to language and/or gestures, the tone of voice, such as that used in screaming or shouting at or in the presence of clients, may, in certain circumstances, constitute psychological abuse.

(4) Seclusion - The placement of a client in a secured room or area from which he or she cannot leave at will is considered to be "seclusion," not time-out (see Glossary). Seclusion is considered to be a form of client abuse and is therefore prohibited.

(5) Unauthorized or Inappropriate Use of Restraint - The use of a device to restrain a client without the written, prior authorization of a physician; or the "head of shift" if the physician cannot be present within 30 minutes. The intentional use of a medication to control a client's behavior that has not been prescribed by a physician for that purpose is considered to be unauthorized use of restraint. Inappropriate use of a restraint shall include, but not be limited to, the use of a device(s) or medication for the convenience of staff, as a substitute for programming, or for disciplinary (punishment) purposes.

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(6) The Unauthorized or Inappropriate Use of Aversive Conditioning - The use of aversive conditioning without appropriate permissions is the unauthorized use of aversive conditioning. Inappropriate use of aversive conditioning shall include, but not be limited to, the use of the technique for the convenience of staff, as a substitute for programming, or for disciplinary (punishment) purposes.

(7) The Unauthorized or Inappropriate Use of Time-out The use of time-out without appropriate permissions is the unauthorized use of time-out. Inappropriate use of time-out shall include, but not be limited to, the use of the technique for the convenience of staff, as a substitute for programming, or for disciplinary (punishment) purposes.

(8) Violation of a Client's Civil Rights - Any action or inaction which deprives a client of the ability to exercise his or her legal rights, as articulated in State or Federal Law.

(9) Mistreatment - The deliberate and willful determination on the part of a provider agency's administration or staff to follow treatment practices which are contraindicated by a client's Individual Program Plan, which violate a client's human rights, or do not follow accepted treatment practices and standards in the field of developmental disabilities.

(10) Neglect - A condition of deprivation in which clients receive insufficient, inconsistent or inappropriate services, treatment, or care to meet their needs; or failure to provide an appropriate and/or safe environment for clients. Failure to provide appropriate services, treatment, or care to a client by gross error in judgment, inattention, or ignoring may also be considered a form of "neglect."

4.5 Reporting, Recording and Investigation Requirements

a) Every agency shall document reportable incidents and allegations of client abuse, as defined in Section 624.4, on a standardized form(s) designed for that purpose; and shall develop agency-wide and program specific policies and procedures to ensure the reporting, recording, investigation, review and monitoring of all reportable incidents and/or allegations of client abuse, consistent with this Part. In establishing the difference between a reportable incident and/or an allegation of client abuse and a situation that need not be reported, recorded, investigated and reviewed in accordance with this Part, the reasoned judgment of the designated program administrator shall prevail when in conformance with agency/program policy. Such decisions shall be documented and monitored and are subject to review and investigation by OMRDD and/or other oversight bodies.

b) Agency/program policies and procedures, whether newly developed or representing change from previously approved policies, shall be subject to approval by the agency's governing body and OMRDD.

Family care providers shall be responsible for immediately informing OMRDD of all reportable incidents and/or instances of alleged client abuse; OMRDD shall be responsible for ensuring that all other reporting, documenting, investigation, notification, review and monitoring requirements are met.

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n) With regard to all reportable incidents and/or all allegations of client abuse, the client's safety must always be the primary concern of the program administrator who must take whatever measures appear to be reasonable and prudent to ensure the protection of the client from further harm, injury, or abuse, and the prompt provision of necessary treatment or care. When appropriate, the employee(s) alleged to have abused a client(s) shall be removed from immediate proximity to the client(s).

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Name____

THEME AREA 3, UNIT 17

Existing Regulations Part 624
Reportable Incidents and Client Abuse

Comprehension Questions

1. What are the two purposes of reporting?

2. Why is it important to report alleged client abuse promptly?

3. What is the difference between the way that a Reportable Incident is reported and the way that a Serious Reportable Incident is reported?

4. What is the definition of abuse?

5. A Jewish individual is taken to a Protestant church service. This is an example of what type of abuse?

6. A direct care worker shoves an individual. This is an example of what type of abuse?

7. An individual is locked up in her room. This is an example of what type of abuse?

8. What is the responsibility of the family care provider in reporting incidents?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 18

Recognizing Client Abuse

Job Context: Incident Report Regulations

Communication Skills: Reading Comprehension; Application and Generalization of Information; Making Inferences; Problem-Solving; Writing Skills

Objectives:
- describe how you distinguish between different types of incidents of abuse
- describe how you make decisions regarding incidents of abuse
- describe how you apply regulations to own practice
- improve writing skills
- apply information to new situations
- make inferences based on given information

Introduction

This unit will give you practice in recognizing incidents of client abuse.

Learning Activity 1

The Supplement, **"Is This Abuse?" Exercise**, was developed by the Education and Training Department of the Bernard Fineson Developmental Center.

Complete the exercise by answering the following questions for each scenario. Is this abuse? What type of abuse is it? Refer to the **Regulations** Supplement in Unit 17 where the different categories of abuse are defined.

Learning Activity 2

In this unit, you will be sending an e-mail message to your Instructor describing a situation where there was an allegation of abuse at your worksite. Do not use the real names of the parties concerned. Use fictitious names only. Be sure to include the following information:

- Who? What? When? and Where?
- category of abuse
- steps taken by Direct Care Worker and administration

Be sure to review and edit your work before sending it and to use the spell-check feature of All-In-One.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- "Is This Abuse?" Exercise Worksheet

Send by e-mail

- Description of incident of abuse from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Name____

THEME AREA 3, UNIT 18

Supplement

"Is This Abuse?" Exercise

1. Nine-year-old Jim had been trying to button his own shirt for months. One morning, he successfully completed that task and proudly approached a Direct Care Worker. The Direct Care Worker did not express praise; instead, she pointedly and slowly unbuttoned his shirt and walked away.

Is this abuse?

Yes______
No______

Type of abuse____

2. Bill, a moderately retarded eleven-year-old, is taken along with seven other retarded children to the playground by an aide. Bill climbs to the top of the slide, falls off, and breaks his arm.

Is this abuse?

Yes______
No______

Type of abuse____

3. Lisa, a retarded adolescent living in a community residence, often becomes hyperactive and disturbs other residents who are watching television after dinner. In order to protect the rights of the other residents, the resident manager locks Lisa in her room when she starts to become disruptive.

Is this abuse?

Yes______
No______

Type of abuse____

4. Jean is a disabled resident who has some walking skills but who usually stays in a wheelchair because she often falls and hurts herself. During busy times at the house, the staff secure the seat belt behind her so that she won't get out of the wheelchair unassisted and possibly fall and hurt herself.

Is this abuse?

Yes______
No______

Type of abuse____

5. James, a severely retarded resident, refuses to eat his dinner and is running a slight temperature. The Direct Care staff member decides to see how he is feeling in the morning before reporting it to the nurse. By the next morning, James is running a high fever and has to be rushed to the hospital where he almost dies of a severe respiratory infection.

Is this abuse?

Yes______
No______

Type of abuse____

6. During a wait in line for the facility van to pick residents up, Pat, a resident, playfully shoves Martin, another resident, who scuffles back. During these moments of horse play, Pat steps off the curb, falls, and twists his ankle. Martin is worried about Pat and apologizes while trying to help the Direct Care staff pick him up.

Is this abuse?

Yes______
No______

Type of abuse____

7. Jerry, a retarded adolescent living at an ICF, often bites himself severely. In order to modify his behavior, the therapy aide on duty applies tabasco sauce to Jerry's tongue and gums.

Is this abuse?

Yes______
No______

Type of abuse____

8. A therapy aide is asking her supervisor, in front of other residents, about the new resident. The supervisor responds loudly, "Why do we get all the dregs of humanity?"

Is this abuse?

Yes______

No______

Type of abuse______

9. Shawn, a Direct Care Worker, is seen rubbing his genitals against the bed while sponge-bathing a young client.

Is this abuse?

Yes______

No______

Type of abuse______

10. Seventeen-year-old Betty lives in a community residence. Betty is being pressured by her boyfriend John to have sex. Betty asks her caseworker what to do about birth control. The caseworker's response is, "You don't need to know anything about that. You shouldn't get involved."

Is this abuse?

Yes______

No______

Type of abuse______

11. While Rosemaria, a twelve-year-old resident, is watching TV, Tom, the residence aide, begins to tickle her. Rosemaria doesn't like it, and repeatedly asks Tom to stop. Tom says, "I'm just trying to make you laugh. You've been so quiet today," and keeps tickling Rosemaria.

Is this abuse?

Yes______

No______

Type of abuse______

Adapted from **Preventing Abuse and Neglect: A Staff Training Curriculum for Facilities Serving Developmentally Disabled Persons.** School of Social Work, Barry University, Miami Shores, Florida.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 19

Different Types of Incidents

Job Context: Incident Report Regulations

Communication Skills: Reading Comprehension; Making Inferences; Application of Information to Other Settings; Problem-Solving; Writing Skills

Objectives:
- review Incident Report regulations
- review written material about Incident Reports
- describe how you distinguish between different types of incidents
- understand technical vocabulary through the context
- describe how you apply regulations to own practice
- improve writing skills - provide details to support statements

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will review in more detail the definition of incidents. In addition, you will read regulations on the policy for reporting incidents. These may include the responsibility of each person involved and the procedure they should follow. Incidents will be defined by type: Serious Reportable Incidents, Reportable Incidents, and Minor Incidents.

This reading material comes from the booklet **OMRDD, Reporting Incidents**, developed by the Metro New York DDSO (Manhattan DDSO). The information in the booklet is based on the New York State **OMRDD Existing Regulation, Part 624, Reportable Incidents and Client Abuse**, part of which you read in the last unit.

The regulation gives agencies some leeway in how they document Minor Incidents. This unit contains only one interpretation of this regulation. Therefore, the procedures described here may differ slightly from those followed at your site.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 3, Unit 19). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Read the Supplement, **Reporting Incidents**. Answer the Comprehension Questions that follow. You can look back over the passage, if you wish, to help you in answering the questions.

Learning Activity 2

In the Supplement Section of this Unit are three Sample Injury Intervention Forms completed by DDSO staff.

For each form, answer the following questions on your looseleaf page. Refer to the **Reporting Incidents** Supplement to determine which categories each of these descriptions falls into:

1. Would this occurrence be considered an Incident?
2. If yes, is it a Serious Reportable Incident, Reportable Incident, or Minor Incident? Give your reasons for choosing a particular category.
3. Do you think that the action taken was adequate? If not, what should the person completing the form have done?

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by regular mail:

- Comprehension Questions for Learning Activity 1
- Looseleaf page with work from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

REFERENCE: PART 624
SUBJECT: INCIDENTS
TOPIC: SERIOUS REPORTABLE INCIDENTS

I. DEFINITION:

A. Serious Reportable Incidents - Are reportable incidents which because of the severity or sensitivity of the situation, must also be immediately reported to OMRDD.

These Include:

1. Injury - Any injury that results in the admission of the individual to a hospital or 24-hour infirmary for treatment or observation because of the incident.

2. Leave Without Consent - All unauthorized absences of an individual for more than two (2) hours after formal search procedures have been initiated. Reasoned judgement, taking into consideration the individual's habits, deficits, capabilities, health problems, etc., shall determine when formal search procedures need to be implemented. Formal search procedures must be implemented if the individual has been missing for four (4) hours. However, formal search procedures shall be initiated immediately upon discovery of the absence of an individual whose absence constitutes a recognized danger to the possible well being of that individual or others.

3. Death - Any death due to other than natural and expected causes.

4. Medication Error - Any medication error that results in the admission of the individual to a hospital or 24-hour infirmary for treatment or observation.

5. Criminal Acts - Any possible criminal act on the part of individual such as homicide, homicide attempt, rape, public lewdness, robbery, etc.

6. Sensitive Situations - Individual related situations of a delicate nature which need to be brought to the attention of OMRDD as expeditiously as possible.

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II. POLICY:

A. All serious reportable incidents, as defined above, shall be reported on Form 147 I, Reportable Incident, and thoroughly investigated, and corrective action shall be taken to prevent recurrences.

B. Reports of serious incidents and subsequent documentation of investigations shall be maintained so as to protect the privacy of individuals, other individuals involved, or other persons whose names may appear in the report. They shall be retrievable by individual name and identification code.

C. When a serious reportable incident is suspected to have occurred at a location not under the auspices of the SOICF/CR. The Team Leader shall determine whether program is State operated or certified, and whether the allegation is being reported and investigated. If this cannot be determined, or if the event occurred at a program not certified by OMRDD, an investigation is to be made to the extent possible, and followed through as for incidents occurring in the SOICF/CR.

D. Investigations which require access to other program their staff, individuals, or records shall be attempted through cooperation. If prompt response is not forthcoming, the MBDSO Deputy Director of Program Operations shall be contacted for assistance in the conduct of the investigation.

E. The SOICF/CR Program Manager shall notify any other program with which the individual is associated of any reportable incident or allegation of abuse if it has resulted in visible evidence of injury to the individual, may be of concern to another program, or may impact upon programming or activities at another program.

F. In establishing the difference between a serious reportable incident and a situation which need not be reported, recorded, investigated and reviewed, the reasoned judgement of the MBDSO Director or his designee, in conformance with agency policy, shall prevail. Such decisions shall be documented, and reviewed by the Special Incident Review Committee.

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RESPONSIBILITY:	PROCEDURE:
Staff present when incident occurs	1. Immediately responds and provides necessary services to the individual.
	2. Obtains medical assistance as necessary.
	3. Notifies Program Manager, Head of Shift immediately.
Nurse/Physician	4. Renders necessary medical services. Documents on Form 147 I.
Program Manager/ Head of Shift	5. Notifies Team Leader immediately. After business hours notifies AOD.
Team Leader	6. Notifies: a. The Deputy Director of Program Operations immediately. b. If incident is a medication error, the MBDSO Nursing Program Coordinator.
	7. Begins to fill out Form 147 I, and ensures that each staff member who was present in the room/area and/or observed or discovered the incident completes employee statement prior to conclusion of shift.
	8. Makes entry of incident on DVP 95, Interdisciplinary Treatment Team notes.
Nursing Program Coordinator	9. For medication error with adverse effects, consults with Team Leader.

Team Leader	10. Submits results of preliminary investigation, to the Deputy Director of Program Operations within 24 hours of occurrence, including Form 147 I, and any other documentation available at the time.
	11. Further investigates incident and writes report. Submits to Deputy Director of Program - Operations as soon as possible.
	12. Immediately notifies: a. MBDSO, Deputy Director for Quality Assurance.
Deputy Director of Program Operations	13. Reviews and signs completed Form I, and forwards to Special Incident Review Committee immediately.
	14. Reviews and signs Team Leader investigation report. Investigates further if necessary. Forwards to Special Review committee as soon as possible.
ICF/CR Program Manager	15. Within 24 hours notifies individual's parents, guardian, or correspondent unless otherwise documented in the individual's record. For Willowbrook class individuals, notifies CAB.
Team Leader	16. Within 24 hours sends a copy of Form 147 I to: a. MBDSO Deputy Director for Quality Assurance
	17. Within three (3) working days sends a copy of Form 147 I to: a. Mental Hygiene Legal Services

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18. For all Willowbrook individuals sends a copy of Form 147 I to:

    a. Professional Advisory Board

    b. Consumer Advisory Board (at Staten Island)

19. In case of incident involving a criminal act, notifies MBDSO Director.

20. In case of incident involving a death, notifies, the MBDSO Director and the Coordinator of Health Services.

Coordinator of Health Services

21. Immediately notifies the Medical Examiner and the Police by telephone for all suicides, homicides, accidental deaths or deaths due to suspicions unusual or unnatural, or unknown circumstances.

22. Ensures the completion of Form QCC 100, and submission to the Commission on Quality of Care within 72 hours.

MBDSO Director/Designee

23. Notifies law enforcement officials of any incident involving criminal acts as soon as possible, but within three (3) working days.

24. Submits written report on deaths due to unusual or unnatural, suspicious circumstances within three (3) working days to:

    a. Law Enforcement officials

    b. Medical Examiner

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Team Leader	25. Within thirty (30) days and monthly thereafter until closure, submits written follow-up to the Special Incident Review Committee.
Special Incident Review Committee	26. Review all serious reportable incidents within one (1) week of their occurrence or discovery.
	27. Sends Committee minutes as monthly report on progress or results of investigations to: a. MBDSO Director b. Board of Visitors c. MHLS d. CAB - Only for Willowbrook PAB - Class Individuals e. MBDSO Deputy Director of Program Operations.

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REFERENCE: PART 624
SUBJECT: INCIDENTS
TOPIC: REPORTABLE INCIDENTS

I. DEFINITION:

A. Reportable Incident - Significant events or situations which endanger an individual's well-being.

These include:

1. Injury - Any suspected or confirmed injury or harm to individual, whether or not the cause can be identified, which results in an individual requiring medical or dental treatment by a physician, dentist, physician's assistant, or nurse practioner to have the condition diagnosed, controlled and/or attended to with more than first aid, include: Choking incidents, improper substance ingestion, lacerations which require one or more sutures, human bites where skin is broken, and seizure falls where a head injury is sustained and/or marked side effects are noted.

2. Leave Without Consent - Absence of an individual for less than two (2) hours where such absence constitutes a recognized danger to the possible well being of that individual or others.

3. Death - All loss of life, regardless of cause.

4. Restraint - The act of limiting an individual's behavior through the use of:

   a. Any device which prevents the free movement of both arms or both legs, as ordered by a physician.

   b. Any device which totally immobilizes an individual, as ordered by a physician.

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c. Any device, other than (a) and (b) above, which is ordered by a physician but is not sanction as part of a specific behavior management plan or as an approved physical safeguard or medical safeguard.

d. Any medication as ordered by a physician as a restraint, or which renders the individual unable to satisfactorily participate in programming leisure or other activities.

5. Medication Error - That situation in which an individual evidences marked adverse effects due to:

a. The administration of medication in a incorrect dosage, in an incorrect specified form, by incorrect route of administration or which has not been prescribed or ordered.

b. Administration of a medication to the wrong individual.

c. Failure to administer a prescribed medication.

NOTE: **Errors which do not result in marked adverse effects are not reportable incidents, but must be documented.**

6. **Sensitive Situations - Those individual related situations, not described above, which may be of a delicate nature and which are reported to ensure awareness of the circumstances.**

II. POLICY:

A. All reportable incidents, as defined above, **shall be** reported and documented on Form 147 I, **Reportable Incidents**. All reportable incidents shall be thoroughly investigated and corrective action shall be taken, as appropriate, to prevent recurrences. Incident reports and subsequent documentation shall be maintained so as to protect the privacy of individuals, other individuals involved, or other persons whose names may appear in the report. They shall be retrievable by individual name and identification code.

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B. When an incident is suspected to have occurred at a location not under the auspices of the SOICF/CR, the Team Leader shall determine whether the program is State operated or certified, and whether the allegation is being reported and investigated. If this cannot be determined, or if the event occurred at a program not certified by OMRDD, an investigation is to be made to the extent possible, and followed through as for incidents occurring in the SOICF/CR.

C. Investigations which require access to other programs, their staff, individuals or records shall be attempted through cooperation. If prompt response is not forthcoming, the MBDSO Deputy Director of Program Operations shall be contacted for assistance in the conduct of the investigation.

D. In establishing the difference between a reportable incident and a situation which need not be reported, recorded, investigated, and reviewed, the reasoned judgement of the MBDSO Director or his designee, in conformance with agency policy, shall prevail. Such decisions shall be documented and reviewed by the Special Incident Review Committee.

E. When an incident occurs, the immediate supervisor shall be responsible for initiating Form 147 I, Reportable Incidents.

RESPONSIBILITY:	PROCEDURE:
Staff present when incident occurs	1. Immediately responds, and provides necessary services to the individual.
	2. Obtains medical assistance as necessary.
	3. Immediately notifies the Program Manager and Head of Shift.
Nurse/Physician	4. Renders necessary medical services.
Program Manager/ Head of Shift	5. In case of: a. Serious incident, see policy on Serious Reportable Incidents.

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b. Allegations of Abuse, see Policy on Client Abuse.

6. Notifies Team Leader before the end of shift. After business hours notifies AOD. If the incident is a medication error, notifies the MBDSO Nursing Program Coordinator.

7. Begins to fill out Form 147 I, and ensures that each staff member who was present in the room/area and/or observed or discovered the incident completes employee statement prior to conclusion of shift.

8. Makes entry of incident on DVP 95, Interdisciplinary treatment Team notes.

Nursing Program Coordinator

9. For medication error with adverse effects, consults with Team Leader.

Nurse

10. Completes Medication Error Form, attaches original to incident report, and sends copies as indicated in Nursing Services Manual.

11. For medication error with no adverse effects, completes only Medication Error Form:

    a. Sends original to Special Incident Review Committee.

    b. Sends copies as indicated in Nursing Services Manual.

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Team Leader	12. Completes and signs Form 147 I, Reportable Incident. Reviews employee statements. Submits Form 147 I, with attachments, to Deputy Director of Program Operations within 48 hours of occurrence or discovery of incident.
	13. Investigates incident further as necessary and writes report. Submits report to Deputy Director of Program Operations as soon as possible.
Deputy Director of Program Operations	14. Reviews and signs completed Form 147 I Forwards to Special Incident Review Committee one (1) week prior to Committee meeting date.
	15. Reviews and signs Team Leader/Program Director investigation report. Investigates further if necessary. Forwards reports to Special Incident Review Committee as soon as possible.
ICF/CR Program Manager	16. Within 24 hours, notifies individual's parents, guardian, or correspondent unless othherwise documented in the individual's record.
Team Leader	17. For all Willowbrook individuals, sends copy of Form 147 I to: a. Professional Advisory Board b. Consumer Advisor Board (at Staten Island).
	18. Within three (3) working days, sends a copy of Form 147 I, to the Mental Hygiene Legal Services.

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	19.	In case of death, notifies Coordinator of Health Services.
Coordinator of Health Services	20.	In cases where the incident results in death, ensures the completion of Form QCC 100.
Special Incident Review Committee	21.	Reviews all reportable incidents. Submits recommendations to the MBDSO Director. See policy on Special Incident Review Committee.

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REFERENCES: PART 624
SUBJECT: INCIDENT
TOPIC: MONITORING OF MINOR INCIDENTS

I. DEFINITION:

Minor Incidents - Incidents that require only first aid, except where allegations of abuse are made.

II. POLICY:

Minor incidents shall be recorded on Form 147 I, and reviewed for trends.

RESPONSIBILITY:	PROCEDURE:
Staff observing or discovering incident	1. Provides or obtains first aid as necessary.
	2. Fills our Form 147 I.
	3. Makes entry in DVP 95, Interdisciplinary Team Notes.
Program Manager/ Head of Shift	4. Reviews and signs Form 147 I, and forwards to Team Leader.
Team Leader	5. Reviews and signs Form 147 I, and forwards to Special Incident Review Committee.
Special Incident Review Committee	6. Reviews and identifies any trends or patterns which may be emerging, and refers to he MBDSO Director.

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Name____

THEME AREA 3, UNIT 19

Reporting Incidents

Comprehension Questions

1. What are the major differences between a Serious Reportable Incident, a Reportable Incident, and a Minor Incident?

2. What is the responsibility of the staff present when the incident occurs for each type of Incident?

THEME AREA 3, UNIT 19

SUPPLEMENT

SAMPLE INJURY INTERVENTION FORMS

INJURY INTERVENTION FORM #1

[illegible] ____ Unit: 17 fl Date: 9/20/94

RT I: INJURY

1. Time the injury occurred or was found: @ 10:10 AM

2. Location of occurrence: hallway between 7 & 5 water st.

3. Person who observed or found the injury:

4. Describe the INJURY:

5. If the injury was OBSERVED, describe the situation and events leading to the injury:
I walked out of 7 water and saw George stagger into the wall and then fall to the floor. I called for Roxanne to call Suzanne [redacted] immediately -

6. If the injury was FOUND, describe the situation:

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others: I just gave George a pillow and covered with towels - by then Suzanne, 2 other RN's and other staff were there and took George to HCU via a wheelchair

---

ART II: WANDERING:

1. Length of time the person was unaccounted for:

2. Location of occurrence:

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.

2. PLEASE include the information in shift report.

3. File the completed form in the Unit Communication Book.

	SRT	9/20/94
Signature of person competing form	Title	Date

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INJURY INTERVENTION FORM #2

Person's Name: [redacted] Unit: 23 Lower Date: 8-

PART I: INJURY

1. Time the injury occurred or was found: 8:30 am

2. Location of occurrence: pod C

3. Person who observed or found the injury: [redacted]

4. Describe the INJURY: small cut on top lip

5. If the injury was OBSERVED, describe the situation and events leading to the injury:
shaving facial hair

6. If the injury was FOUND, describe the situation:
N.A.

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others: cold compression, petroleum jelly, notify R.N. and supervisor.

PART II: WANDERING: N.A

1. Length of time the person was unaccounted for:

2. Location of occurrence:

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.

2. PLEASE include the information in shift report.

3. File the completed form in the Unit Communication Book.

✓

[redacted] | DA I | 8-9-9

Signature of person completing form | Title | Date

INJURY INTERVENTION FORM #3

Person's Name: [redacted] Unit: 17 Flower Date: 4 July 94

PART I: INJURY

1. Time the injury occurred or was found:

2. Location of occurrence:

3. Person who observed or found the injury:

4. Describe the INJURY:

5. If the injury was OBSERVED, describe the situation and events leading to the injury:

6. If the injury was FOUND, describe the situation:

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others:

PART II: WANDERING:

1. Length of time the person was unaccounted for: 5 min

2. Location of occurrence: Loading Dock

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

George was found @ back Loading Dock by Security @ 4^{50}_{pm}
a unit picnic was going on @ time. Either went past 2 staff
or fire exit door in B Pod was not shut tight
Body check done by [redacted] RN @ 5^{10}_{pm}

NOTIFICATION: ✓

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.

2. PLEASE include the information in shift report.

3. File the completed form in the Unit Communication Book.

[redacted] Sr LPN I 4 July 94

Signature of person completing form Title Date

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 20

Examples of Abuse and Incidents

Job Context: Incident Report Regulations

Communication Skills: Reading Comprehension; Problem-Solving; Writing Skills

Objectives:
- describe how you distinguish between different types of incidents or allegations of abuse
- describe how you make decisions regarding incidents or allegations of abuse
- improve writing skills

Materials

- Study Guide
- Videotape #1

Introduction

In this unit, you will identify examples of abuse or reportable incidents and review classification and reporting. You will also write to your e-mail partner.

Description of Videotape Material

The videotape segment gives six examples of abuse or incidents. The videotape for this unit is Tape #1 and is labeled Segment 8[1]. It begins at 1:13:39 and ends at 1:18:09. The words "End of Segment 8" appear when the segment is over.

Learning Activity 1

Segment 8 provides 6 examples of abuse or incidents. View each example one at a time. If you need to, view the sections a second time to complete the activity.

Use the worksheet, Supplement 1, to answer these questions for each example:

1. Is this an example of abuse or an incident?

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor)?

3. How would you report this in writing?

After you have finished, check the answer key, Supplement 2.

Learning Activity 2

Write a message to your e-mail partner on a topic of your choice. You might want to talk about how you like the program so far or just use this opportunity to get to know each other a little better. You won't be sending a copy of this to your Instructor, so feel free to write whatever you wish. Edit your work and spell-check it to make it as clear and easy to read as possible.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Worksheet for Videotape on Abuse and Incident Examples, Learning Activity 1

---

[1] **People Do Matter: There Is No Excuse for Abuse - Abuse Awareness and Prevention**, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities, Office of Workforce Planning and Development.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Name____

THEME AREA 3, UNIT 20

Supplement

Worksheet for Videotape on Abuse and Incident Examples

Videotape 1, Segment 8

Example 1: Child With Shirt

1. Is this an example of abuse or an incident?

   Abuse______Incident______

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor) is this?

3. How would you report this in writing?

Example 2: Direct Care Workers Talking

1. Is this an example of abuse or an incident?

   Abuse______Incident______

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor) is this?

3. How would you report this in writing?

Example 3: Individual in Street

1. Is this an example of abuse or an incident?

Abuse______Incident______

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor) is this?

3. How would you report this in writing?

Example 4: T.V. Disruption

1. Is this an example of abuse or an incident?

Abuse______Incident______

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor) is this?

3. How would you report this in writing?

Example 5: Man in Wheelchair

1. Is this an example of abuse or an incident?

Abuse______Incident______

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor) is this?

3. How would you report this in writing?

Example 6: Keith Exploding

1. Is this an example of abuse or an incident?

Abuse______Incident______

2. What type of abuse (physical, sexual, etc.) or incident (Serious Reportable, Reportable, Minor) is this?

3. How would you report this in writing?

THEME AREA 3, UNIT 20

Supplement 2

Answer Key

Worksheet for Videotape on Abuse & Incident Examples

Example 1: Psychological Abuse, 147 (A) Allegations of Client Abuse

Example 2: Psychological Abuse, 147 (A) Allegations of Client Abuse

Example 3: Psychological Abuse or Physical Abuse, 147 (A) Allegations of Client Abuse

Example 4: Seclusion, 147 (A) Allegations of Client Abuse

Example 5: Neglect, 147 (A) Allegations of Client Abuse

Example 6: Minor Incident *, 147 (I) Incident Report Form, Log Book, (N27)

* How this is reported may be different in each DDSO.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 21

Incidents at Your Worksite

Job Context: Reporting Incidents

Communication Skills: Reading Comprehension; Problem-Solving; Writing Skills

Objectives:
- review Incident Reports
- review written material about Incident Reports
- review technical vocabulary through the context
- describe how you apply regulations to own practice
- improve writing skills - writing supportive details

Materials

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will apply what you have reviewed so far to your own experience with incidents at your worksite.

Learning Activities

For this unit, you will be using the All-In-One e-mail to complete your Learning Activities. Address your message to your Instructor. Some of these Learning Activities ask for you personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

1. In a paragraph or two, describe an incident that happened at your own worksite.

2. Which category of incidents does it fit into? (Refer to readings from Unit 19). Why do you believe it fits in this category?

3. What are the steps that you took to report the incident?

Learning Activity 2

1. Reread the procedures for the type of incident you describe (Readings Unit 19).

2. Read the Supplement, **Incident Reporting Procedures**. This supplement refers to the steps that the Administrator on Duty (AOD) should take when reporting an incident.

3. Which of the reporting procedures described in the Supplement to Unit 19 did you follow? Which didn't you follow? Why not?

4. To your knowledge, which of the procedures described in **Incident Reporting Procedures** did the administrator on duty follow? Which didn't he or she follow? Why not?

5. Is the practice for reporting different at your site from what's described in these regulations? In what ways?

6. Given the information you've reviewed in this unit and your own experiences, would you do anything differently the next time? What would you change and why?

7. Before sending your e-mail message, be sure to reread and edit your work and to check the spelling using the spell-check function.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Writings from Learning Activities 1 and 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

INCIDENT REPORTING PROCEDURES

I. When the AOD becomes aware of an Allegation of some type of wrong-doing OR a Serious Reportable Incident:

1. Ensure that the 147A or I form is completed--

a. Ensure all notifications have been completed within designated time frames--Correspondent, AOD, QA - Hotline, Regional Office, MHLS, Willowbrook, (if applicable).

b. The child abuse registry is called, if the individual is under 18 years old (our agency code is 00C05770) (see attached).

[The police are to be notified if sexual abuse, within 72 hours (get a complaint # and record it).]

2. For sexual and physical abuse, ensure that a physical examination is completed, immediately.

3. For ALL allegations, a credibility assessment according to outline (see attached) must be completed by the psychologist for all individuals involved, including those who are witnesses.

a. This information should be included in the preliminary investigation, when possible. If not completed by then, submit upon completion.

II. A preliminary investigation must be submitted within 24-48 hours, as per BFDDSO policy. (See attached examples for suggested format.) It should include, but not be limited to:

a. Brief summary of the history of the individual, including diagnoses, behavioral programs, counseling, relevant medical information, etc.

b. Summarize all pertinent information regarding the incident described on the 147A form.

c. Physical findings

d. Report findings--summarize any immediately available statements, psychological assessment, physical evidence.

e. Make a determination - (Substantiated/ Disconfirmed/ Inconclusive) and note the basis for this determination.

f. Recommendation for additional investigation, if needed.

g. List corrective actions and preventive measures, including behavioral programs, counseling, inservice training issues, disciplinary issues.

(Note: Documentation or verification will be needed to close all cases where recommendations are noted.)

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 22

Vocabulary Review

Job Context: Understanding Vocabulary Pertaining to Incident Reports

Communication Skills: Vocabulary Development; Reading Comprehension

Objectives:
- review use of vocabulary on Incident Report form
- use a strategy for understanding vocabulary in context

Materials

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit, you will review the vocabulary that appears on an Incident Report form.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 3, Unit 22). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity

1. A copy of an Incident Report form is attached. Look it over. Circle any words whose meanings you don't know or aren't sure of.

2. On a sheet of looseleaf paper make a list of these words. Next to each word write what you think it means. Also write what makes you think this is the definition. Use the context of your reading to help you in trying to figure out an unknown word.

For example, if you didn't know the meaning of "psychotropic" in item 13, you could figure out that it is a kind of medication because it is located in a list asking for the medication regimen of the client. You might also know that the prefix "psych-" has something to do with the mind. Even if you didn't know that a "psychtropic" medicine is one that acts on the mind, you could take a fairly good guess by analyzing the word and the other words around it on the form.

3. In your dictionary, look up the words whose meanings you weren't sure of. Only do the first fifteen words on your list if you've identified more than fifteen difficult words. For how many words was your educated guess similar to the actual meaning?

4. How are these words used in a written text? Look back at the reading material on Incident Reports in Units 17 and 19. Skim the text. See if you find any of the words you've identified. Read the sentences that come before and after the unknown words to see if they help you understand them better.

5. Now that you know the meaning of these words, pick five of the words you've defined and use them in a sentence.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Notes on Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

1. AGENCY

Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

2. FACILITY NAME **3. PROGRAM TYPE**

4. FACILITY ADDRESS

5. PHONE (   )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First) **9. AGE** **10. SEX** 1 ☐ M 2 ☐ F **11. CLIENT I.D. NO.**

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe
3 ☐ Moderate 5 ☐ Profound
6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No

If "yes" complete reverse side

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain)

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A **TITLE** **SIGNATURE** **DATE**

31. PRINT NAME OF PERSON COMPLETING REVIEW **TITLE** **SIGNATURE** **DATE**

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE **DATE**

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - If "Yes" Specify on attached sheet
2 ☐ No

SIGNATURE **DATE**

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 23

Developing Observational Skills

Job Context: Writing Descriptions of Incidents

Communication Skills: Developing Observational Skills; Writing Descriptions of Incidents

Objectives:

- cultivate observational skills
- review important components of incident descriptions
- review writing descriptions of incidents
- check completeness and accuracy of own descriptions
- improve writing skills

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

When filling out an Incident Report, it is important to describe what happened as completely and as accurately as possible. Item #25 on the Reportable Incident Reporting Form 147 (I) asks for a "Description of Incident." Incident Report descriptions should answer the questions Who? What? When? Where? and How?

In order to do this, it is important to develop good observational skills and to recognize the most important information to put in an Incident Report description.

In this unit, you will see how skilled you are at making observations. You will practice developing your observational skills beginning with a simple setting and ending with a more complex scene. In follow-up units, you will practice writing incident descriptions while observing video footage of actual incidents.

Description of Videotape

The videotape segment gives a number of scenes that you will use for writing descriptions. There are four sections in this segment. The first section shows an outdoor scene with no dialogue. Try to observe details. The second section shows a dining area. Once again, there is no dialogue with this scence. The third section shows a group of individuals at dinner. The fourth section, Joe, a Direct Care Worker, talks about the dining activities at his Center. This segment will be used for this unit and for the next unit, Theme Area 3, Unit 24.

The videotape for this unit is on Tape #1 and is labeled Segment 9[1]. It begins at 1:18:09 and ends at 1:29:29. The words "End of Segment 9" appear when the segment is over. The location of each of the four sections is as follows:

- Section 1 (outdoor scene): 1:18:19 to 1:20:50.
- Section 2 (dining area): 1:20:51 to 1:23:18.
- Section 3 (dining activity): 1:23:19 to 1:27:12.
- Section 4 (Joe's comments): 1:27:13 to 1:29:29.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 3, Unit 23). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Before watching the videotape, imagine that you have to write a description of the room you are sitting in. What things would be most important to include in your description? Why? Jot down your thoughts on a looseleaf page.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, Office of Mental Retardation and Developmental Disabilities.

Learning Activity 2

1. View the first section of Segment 9. Write a description of what you see. Rewind the tape and view this section a second time to complete your description, if needed.
2. Turn to the checklist for Segment 9, Section 1 on the next page. Compare your description with this list of what should be included in your description. Check off the items you've included. Put the checklist aside.
3. View this first section a third time. Add to your description anything that is missing.
4. Turn to the checklist for Section 1 again. Check off any additional information you've included. Were you able to describe most of the important parts? Look at the items you left out. What type of information are you forgetting?
5. If you have missed any items, view Section 1 a fourth time with the checklist in front of you. This time, complete the checklist as you watch. View this section as many times as you need to complete the checklist.

Learning Activity 3

1. View the second section of Segment 9, the dining area. Write a description of what you see. Rewind the tape and view this section a second time to complete information as needed.
2. Turn to the checklist for Segment 9, Section 2 on the next page. Compare your description with this list of what should be included in your description. Check off the items you've included. Put the checklist aside.
3. View this second section a third time. Add to your description anything that is missing.
4. Turn to the checklist for Section 2 again. Check off any additional information you've included. Were you able to describe most of the important parts? Look at the items you left out. What type of information are you forgetting?
5. If you have missed any items, view Section 2 a fourth time with the checklist in front of you. Complete the checklist as you watch this time. View this section as many times as you need to complete the checklist.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Notes from Learning Activity 1
- Description and checklist for Learning Activities 2 and 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 3, UNIT 23

Supplement

Segment 9, Section 1 : Checklist for Outdoor Scene

1ST & 2ND VIEWING	3RD VIEWING	
______	______	● building with 3 dark windows
______	______	● trees along a curved road
______	______	● walking path
______	______	● driveway parallel to walking path
______	______	● valley of trees in background
______	______	● indiv. walking quickly along driveway
______	______	● passes other indiv. following 1st person & indiv. leaves screen
______	______	● playground/picnic area
______	______	● swing set

1ST & 2ND VIEWING	**3RD VIEWING**	
________	________	● merry-go-round--self-spin, beige, rectangular handles
________	________	● redwood picnic table
________	________	● stack of stones
________	________	● green lawn
________	________	● thinly spread out trees in background
________	________	● bald spot in grass in foreground

THEME AREA 3, UNIT 23

Supplement

Segment 9, Section 2 : Checklist for Dining Area

1ST & 2ND VIEWING	3RD VIEWING	
________	________	• 2-part dining room
________	________	• back section--2 people sitting at the table
________	________	• front section--empty dining table
________	________	• partial view of table
________	________	• 3 chairs
________	________	• beige table cloth
________	________	• white flowers in center of table
________	________	• wood china cabinet to the left
________	________	• plates are upright on shelves

1ST & 2ND VIEWING	3RD VIEWING	
________	________	• mural of trees hangs on dining wall
________	________	• two small pictures to left of mural
________	________	• light fixtures in line along hallway from one dining area to another

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 3

Incident Reports

UNIT 24

More on Observation

Job Context: Writing Descriptions of Incidents

Communication Skills: Note-Taking Skills; Developing Observational Skills; Writing Descriptions of Incidents

Objectives:
- practice note-taking skills
- cultivate observational skills
- review important components of incident descriptions
- review writing descriptions of incidents
- check completeness and accuracy of own descriptions
- improve writing skills - write a detailed description

Materials

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit, you will continue work on observational skills and practice writing skills needed to write Incident Reports.

Description of Videotape

For this unit, you will use the same videotape you viewed for Unit 23. The videotape segment for this unit is on Tape #1 and is labeled Segment 9[1]. It begins at 1:18:09 and ends at 1:29:29. The words "End of Segment 9" appear when the segment is over. You will be working with Section 3 and Section 4 of Segment 9.

The location of these 2 sections are as follows:
Section 3 (dining activity): 1:23:19 to 1:27:12.
Section 4 (Joe's comments): 1:27:13 to 1:29:29.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 3, Unit 24). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

1. View Segment 9, Sections 3 and 4.

2. Rewind the tape to the beginning of Section 4. In this section, Joe is talking about the meal procedure at his center. View Section 4. What procedures are followed for mealtime? Take notes as you watch, leaving space for revisions and additions upon subsequent viewings. Review Section 4 as many times as needed to complete your notes.

3. Supplement 1 gives a list of the procedures Joe says take place at his center. In the left-hand column, check off the ones you've included in your notes. If there are any you missed, view Section 4 again with Supplement 1 in front of you. Put an X next to the ones you missed when you hear Joe mention them on the tape.

Learning Activity 2

1. Rewind the tape to the beginning of Section 3.

2. This section shows a dining activity at Joe's Center. Have Supplement 1 in front of you as

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, Office of Mental Retardation and Developmental Disabilities.

you view this section. View Section 3. While viewing, check off, in the right-hand column, all the procedures that take place during this dining activity. Review this section if you wish. Supplement 2 gives a list of the procedures that take place in Section 4. Check your work against this list.

Learning Activity 3

Think about your work for Unit 23 and this unit when answering these questions. You can complete this activity using e-mail or paper and pen.

- Were you able to identify most of the items on your first viewing of a section?
- What type of information did you tend to miss?
- Did your ability to identify important information the first time improve as you practiced on the second and third sections?
- Do you think you've adequately reviewed how to make observations? If not, what can you do to continue developing this skill?

Learning Activity 4

In Section 4, Joe is discussing what happens during dinner at the Developmental Center where he works. Review Section 4 and think about the following questions:

- Describe dinner time at Joe's site.
- Describe how dinner time at your site is similar to that of Joe's.
- Describe how dinner time at your site is different from that of Joe's.

Using e-mail, write a description of dinner time at your site. Include how you feel about the dining activity. Write your answers in complete sentences. Refer to the Writing Skills Handbook, Chapter 1. Check to make sure you have used commas correctly (Writing Skills Handbook, Chapter 7).

Send this description to your e-mail partner. Also, send a copy to your Instructor.

Learning Activity 5

As you go about your daily activity, practice being a good observer. At work, take time to look at what is happening around you. Think about how you would describe these events if someone asked you to.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Notes from Learning Activity 1
- Supplement 1
- Questions from Learning Activity 3 (if not done by e-mail)

Send by e-mail

- Questions from Learning Activity 3
- Copy of dinner description that was sent to your e-mail partner

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over, you may want to take time to review and check your work.

THEME AREA 3, UNIT 24

Supplement 1

Joe's Comments on Meal Procedure

Included in Notes	Procedures	Appears on Videotape Section 3 (Dining Activity)
______	• modified cafeteria style	______
______	• kitchen workers prepare food, set up trays, put on cart	______
______	• DA presents tray to client	______
______	• if client is blind, leave meal on tray	______
______	• if client is not blind, DA serves--similar to meal in outside society	______
______	• goals and objectives in meal, ex.--sign eat, don't eat with fingers	______
______	• make atmosphere as homelike as possible--talk, kid with them	______
______	• DAs don't eat with clients	______

THEME AREA 3, UNIT 24

Supplement 2

What Procedures Are Followed in Dining Room--Segment 9, Section 4

- Joe brings tray and empties it for individual
- Joe carries on conversations with individuals
- Workers serve cafeteria style
- Joe brings tea to serve individuals
- Some individuals have trays (blind individuals)

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 25

Filling Out Incident Report Forms

Job Context: Filling Out Incident Reports

Communication Skills: Following Written Directions; Understanding Categories on Forms; Reading Comprehension; Filling in an Incident Report

Objectives:

- follow directions on an Incident Report
- review categories on an Incident Report
- review written material on Incident Reports
- review procedure for checking completeness and accuracy of Incident Reports
- complete an Incident Report form

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

This unit begins a series of advanced Learning Activities on Incident Reports. In this unit you will review the steps in completing an Incident Report form. You will then practice filling out Incident Report forms.

Learning Activity 1

In the Supplement section to this unit is a copy of an Incident Report form and instructions on how to complete this form. Study these instructions. Underline anything that is unclear. If any of the procedures described are different from the ones you use at your worksite, make a note of them. You may want to check with a co-worker or the supervisor at your center or Community Home to be sure that when you are completing Incident Report forms on the job you are following the correct procedure for your site.

Learning Activity 2

In the Supplement section to this unit are two blank Incident Report forms and a description of two incidents for "Jane Doe" and "John Doe". Complete one Incident Report form for Jane and one for John. Leave the boxes that ask for information that you do not know blank. When you are finished check your Incident Report form against the answer key. Make any corrections that are needed. (Note: The descriptions given in Item #25 of the answer key may not be as detailed as they should be. The information that is provided is all that can be given based on the information in the case description.)

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Send a message by e-mail to your Instructor telling him or her about your work on this unit. If you underlined anything as being unclear let him or her know. He or she will write back an e-mail message to you answering your questions.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Theme Area 4, Unit 25 -- Supplement 1
INSTRUCTIONS FOR COMPLETING INCIDENT REPORT FORMS

# 1 - 5	Fill in information about your agency.
# 6 - 7	Some sites ask the designated staff to leave these boxes blank to be completed by a supervisor who will make the judgement of whether it is a serious incident or not based on the content of the report.
# 8 - 10	Basic client information.
# 11 - 13	Additional client information to be found in client's files.
# 14 - 16	When the incident took place; who was present.
# 17 - 20	Information about type of incident.
# 18	If you answer yes to this, you have to complete the reverse side of Form 147(I): Allegation of Client Abuse Form 147(A).
# 20	You can check off as many boxes as apply. If you mark off box 1, Action of Client, you must complete #23.
# 21 - 22	Information about the location of the incident.
# 23	Complete only if Box #1 in item 20 was marked.
# 24	Asks for what corrective actions were taken. Check off as many as apply and provide additional detail if necessary.
# 25	Description of Incident. This should be detailed and complete so that someone who was not present can clearly understand what happened. Include Who? What? When? Where? Include information about any first aid given.
# 26 - 29	Asks for information about the client's residence.
# 30	Person completing this part of the form prints his or her name and title, provides his or her signature, and the date.
# 31 - 32	The rest of the form is completed by others at OMRDD.

SUPPLEMENT

Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME **3. PROGRAM TYPE**

4. FACILITY ADDRESS

5. PHONE (   )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	**TITLE**	**SIGNATURE**	**DATE**
31. PRINT NAME OF PERSON COMPLETING REVIEW	**TITLE**	**SIGNATURE**	**DATE**

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE **DATE**

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE **DATE**

BEST COPY AVAILABLE

SUPPLEMENT

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE (   )

Form OMR 147 (A)

ALLEGATION OF CLIENT ABUSE

6. Was the Reverse side of this form completed? 1 ☐ Yes 2 ☐ No

7. Was an OMR-147(I) previously filed that relates to this allegation? 1 ☐ Yes 2 ☐ No

Incident No.

A. TO BE COMPLETED BY STAFF (OTHER THAN WITNESS) AS DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. Allegation Reference No.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe
3 ☐ Moderate 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF ALLEGED ABUSE

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. 1 ☐ Observed 2 ☐ Discovered

16. WAS ALLEGATION MADE BY

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Other (describe) ________________

17. IS THE SUBJECT OF THE INVESTIGATION

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Unknown
9 ☐ Other (describe) ________________

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)

1 ☐ Physical Abuse
2 ☐ Sexual Abuse
3 ☐ Psychological Abuse
4 ☐ Seclusion
5 ☐ Unauthorized or Inappropriate Use of Restraint
6 ☐ Unauthorized or Inappropriate Use of Aversive Conditioning
7 ☐ Unauthorized or Inappropriate Use of Time-out
8 ☐ Violation of a Client's Civil Rights
9 ☐ Mistreatment
10 ☐ Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION:

20. CLIENT'S RESIDENTIAL ADDRESS (If different than # 2 & 4 above)

21. DDSO

22. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

23. CLIENT'S PRESENT LOCATION (If different from residence)

24. PRINT NAME OF PERSON COMPLETING FORM | **TITLE** | **SIGNATURE** | **DATE**

25. PRINT NAME OF PERSON REVIEWING FORM/SITUATION | **TITLE** | **SIGNATURE** | **DATE**

BEST COPY AVAILABLE

THEME AREA 4, UNIT 25

Supplement 2

Below is a typed copy of the information that appears on the form on the next page.

Jane Doe

1. 6:35 AM
2. Pod A
3.
4. A small cut on left side of head.
5.
6. I heard hollering and went to see what was wrong. She was sitting on a small couch with blood running down the side of her face.
7. Applied cold compress and washed face and hair. Benodine applied. LPN notified.

Jane Doe.

SUPPLEMENT 2

[illegible] Name: [redacted] Unit: __ __ __ Date: 3-12-95

PART I: INJURY

(4)

1. Time the injury occurred or was found: 6:35 AM
2. Location of occurrence: Pod A
3. Person who observed or found the injury: [redacted] DA
4. Describe the INJURY: a small cut on [redacted] left side of head
5. If the injury was OBSERVED, describe the situation and events leading to the injury:
6. If the injury was FOUND, describe the situation: I heard [redacted] hollering & went to see what was wrong, she was setting on small couch with blood running down the side of her face
7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others:
pplied cold compress & washed face & hair, Betadine applied [redacted] L.P.N. notified

---

PART II: WANDERING:

1. Length of time the person was unaccounted for:
2. Location of occurrence:
3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.
2. PLEASE include the information in shift report.
3. File the completed form in the Unit Communication Book.

[redacted] — D.A. — 3-12-95
Signature of person completing form — Title — Date

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SUPPLEMENT 2

1. AGENCY

Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

2. FACILITY NAME **3. PROGRAM TYPE**

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First) **9. AGE** **10. SEX** 1 ☐ M 2 ☐ F **11. CLIENT I.D. NO.**

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychotropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse?

1 ☐ Yes
2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death?

1 ☐ Yes
2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE

1 ☐ SOCR
2 ☐ VOCR
3 ☐ SOICF
4 ☐ VOICF
5 ☐ Other
6 ☐ FC
7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	**TITLE**	**SIGNATURE**	**DATE**
31. PRINT NAME OF PERSON COMPLETING REVIEW	**TITLE**	**SIGNATURE**	**DATE**

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE **DATE**

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?

1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE **DATE**

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THEME AREA 4, UNIT 25

Supplement 2

Below is a copy of the information that appears on the form on the next page.

John Doe

1. 10:30 AM

2. 7 - H2O program room

3.

4. Apparent injury noted

5. Stood up and attempted to leave table area -- lost balance and fell to his (L) landing on left hip.

6.

7. Resident checked out. Appeared with injury. Ambulated with difficulty. No first aid etc. necessary. RN notified of occurrence. Tripped over chair. Passed out later in afternoon in 7W.

John Doe

SUPPLEMENT 2

[illegible]: [redacted] Unit: 2371 Date: 11/3/94

(14)

PART I: INJURY

1. Time the injury occurred or was found: 10^{30} Am

2. Location of occurrence: 7-H20 Program Rm.

3. Person who observed or found the injury: [redacted]

4. Describe the INJURY: ø apparent injury noted.

5. If the injury was OBSERVED, describe the situation and events leading to the injury:
Stood up and attempted to leave table area - lost balance and fell to his (L) Landing on left hip.

6. If the injury was FOUND, describe the situation:

tripped over chair

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others:
Resident r'ed out. appeared s̄ injury. Ambulated s̄ difficult ø 1st aid etc necessary. R.N. notified of occurrence.

PART II: WANDERING:

1. Length of time the person was unaccounted for:

2. Location of occurrence:

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

Passed out later in afternoon in 7W

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.

2. PLEASE include the information in shift report.

3. File the completed form in the Unit Communication Book.

[redacted] LPN 11/3/94

Signature of person completing form Title Date

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SUPPLEMENT 2

Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME 3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe
3 ☐ Moderate 5 ☐ Profound

6 ☐ C.P
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychotropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse?

1 ☐ Yes
2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death?

1 ☐ Yes
2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (if different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PERSON COMPLETING REVIEW	TITLE	SIGNATURE	DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?

1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE DATE

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THEME AREA 4, UNIT 25

Answer Keys

SUPPLEMENT 2 -- ANSWER KEY

Form OMR 147 (1)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME **3. PROGRAM TYPE**

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT? 1 ☐ Yes 2 ☐ No **7. INCIDENT NUMBER**

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First) Doe, John **9. AGE** **10. SEX** 1 ☒ M 2 ☐ F **11. CLIENT I.D. NO.**

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Severe: 6 ☐ Communication 7 ☐ Independent Living 8 ☐ Learning 9 ☐ Mobility 10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P. 7 ☐ Epilepsy 8 ☐ Autism 9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None 2 ☐ Antibiotic Only 3 ☐ Psychotropic Only 4 ☐ Antiepileptic Only 5 ☐ Antibiotic-Psychotropic

6 ☐ Antibiotic Antiepileptic 7 ☐ Psychotropic-Antiepileptic 8 ☐ Psychtropic-Antiepileptic-Antibiotic 9 ☐ Other 10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☒ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	
11	03	94	10	30	☒ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident 3

17. CLASSIFICATION OF INCIDENT (X One)

1 ☒ Injury 2 ☐ Leave Without Consent 3 ☐ Death 4 ☐ Restraint 5 ☐ Medication Error 6 ☐ Possible Criminal Act 7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☒ No

If "yes" complete reverse side

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☒ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☒ Action of Client (See #23) 2 ☐ Physical Handicap 3 ☐ Seizure/Fainting 4 ☒ Fall 5 ☐ Use of Restraint 6 ☐ Actions of Other Client 7 ☐ Actions of Employee

8 ☐ Actions of Visitor 9 ☐ Intoxication 10 ☐ Drug Misuse 11 ☐ Hazardous Conditions on Facility Property 12 ☐ Faulty, Inadequate or Inappropriate Equip. 13 ☐ Unknown 14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☒ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room 2 ☐ Bedroom 3 ☐ Kitchen 4 ☐ Bathroom 5 ☐ Hallway 6 ☐ Staircase 7 ☐ Dining Room 8 ☒ Program Room 9 ☐ Recreation Area/Room 10 ☐ Off Facility Property 11 ☐ Unknown 12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive 2 ☐ Assaultive 3 ☐ Provocative 4 ☒ Accidental 5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☒ Medical Treatment 2 ☐ Client Relocated 3 ☐ Staff Relocated 4 ☐ Maintenance Request 5 ☐ Plan Modification 6 ☐ Client Observation 7 ☐ Client Supervision

Other (Explain): R.N. notified

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witness and others involved. (3) Specify first aid (if given).

John stood up and attempted to leave the table area. He lost his balance and fell to his left, landing on his left hip. Walking difficult. Given first aid. (Note: More detail of 1st aid should have been provided; John's fainting in afternoon should be on separate Incident Report)

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above) **27. DDSO** **28. TYPE** 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A TITLE SIGNATURE DATE

31. PRINT NAME OF PERSON COMPLETING REVIEW TITLE SIGNATURE DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient? 1 ☐ Yes - If "Yes", Specify on attached sheet 2 ☐ No SIGNATURE DATE

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Form OMR 147 (A)

ALLEGATION OF CLIENT ABUSE

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. Was the Reverse side of this form completed? 1 ☐ Yes 2 ☐ No

7. Was an OMR-147(I) previously filed that relates to this allegation? 1 ☐ Yes 2 ☐ No

Incident No.

A. TO BE COMPLETED BY STAFF (OTHER THAN WITNESS) AS DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. Allegation Reference No.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe

3 ☐ Moderate 5 ☐ Profound

6 ☐ C.P.

7 ☐ Epilepsy

8 ☐ Autism

9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None

2 ☐ Antibiotic Only

3 ☐ Psychotropic Only

4 ☐ Antiepileptic Only

5 ☐ Antibiotic-Psychotropic

6 ☐ Antibiotic Antiepileptic

7 ☐ Psychotropic-Antiepileptic

8 ☐ Psychotropic-Antiepileptic-Antibiotic

9 ☐ Other

10 ☐ Missing

14. DATE & TIME OF ALLEGED ABUSE	Mo.	Day	Year	Hour	Min.	15. 1 ☐ Observed 2 ☐ Discovered

16. WAS ALLEGATION MADE BY

1 ☐ Client

2 ☐ Employee

3 ☐ Volunteer

4 ☐ Parent

5 ☐ Guardian

6 ☐ Correspondent (if other than parent or guardian)

7 ☐ Visitor

8 ☐ Other (describe) ______________________

17. IS THE SUBJECT OF THE INVESTIGATION

1 ☐ Client

2 ☐ Employee

3 ☐ Volunteer

4 ☐ Parent

5 ☐ Guardian

6 ☐ Correspondent (if other than parent or guardian)

7 ☐ Visitor

8 ☐ Unknown

9 ☐ Other (describe) ______________________

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)

1 ☐ Physical Abuse

2 ☐ Sexual Abuse

3 ☐ Psychological Abuse

4 ☐ Seclusion

5 ☐ Unauthorized or Inappropriate Use of Restraint

6 ☐ Unauthorized or Inappropriate Use of Aversive Conditioning

7 ☐ Unauthorized or Inappropriate Use of Time-out

8 ☐ Violation of a Client's Civil Rights

9 ☐ Mistreatment

10 ☐ Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION:

20. CLIENT'S RESIDENTIAL ADDRESS (if different than # 2 & 4 above)

21. DDSO

22. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

23. CLIENT'S PRESENT LOCATION (If different from residence)

24. PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE	DATE
25. PRINT NAME OF PERSON REVIEWING FORM/ SITUATION	TITLE	SIGNATURE	DATE

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SUPPLEMENT 2 -- ANSWER KEY

Form OMR 147 (1)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY
2. FACILITY NAME
3. PROGRAM TYPE
4. FACILITY ADDRESS
5. PHONE ( )
6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No
7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First) Doe, Jane
9. AGE
10. SEX 1 ☐ M 2 ☒ F
11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate
1 ☐
2 ☐
3 ☐
4 ☐
5 ☐

Severe
6 ☐ Communication
7 ☐ Independent Living
8 ☐ Learning
9 ☐ Mobility
10 ☐ Self Direction

DEVELOPMENTAL DISABILITY
1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound
6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)
1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☒ Discovered

Mo.	Day	Year	Hour	Min.	
03	12	95	06	35	☒ AM ☐ PM

15. Number of Clients Present at Time of Incident 01
16. Number of Employees Present at Time of Incident 01

17. CLASSIFICATION OF INCIDENT (X One)
1 ☒ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☒ No
If "yes" complete reverse side

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☒ No

20. CAUSES OF INCIDENT (X All Which Apply)
1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☒ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☒ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION
1 ☒ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)
1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?
1 ☒ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain) L.P.N. Notified

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

Jane was hollering. She was sitting on a small couch with blood running down the side of her face. Cold compresses were applied by the DA. Benodine was applied. Jane's face and hands were washed.

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)
27. DDSO
28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A | TITLE | SIGNATURE | DATE

31. PRINT NAME OF PERSON COMPLETING REVIEW | TITLE | SIGNATURE | DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE | DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE | DATE

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Form OMR 147 (A)

ALLEGATION OF CLIENT ABUSE

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

ACILITY ADDRESS

5. PHONE ( )

6. Was the Reverse side of this form completed? 1 ☐ Yes 2 ☐ No

7. Was an OMR-147(I) previously filed that relates to this allegation? 1 ☐ Yes 2 ☐ No

Incident No.

A. TO BE COMPLETED BY STAFF (OTHER THAN WITNESS) AS DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. Allegation Reference No.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe
3 ☐ Moderate 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF ALLEGED ABUSE	Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. 1 ☐ Observed 2 ☐ Discovered

16. WAS ALLEGATION MADE BY

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Other (describe) ______________________

17. IS THE SUBJECT OF THE INVESTIGATION

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Unknown
9 ☐ Other (describe) ______________________

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)

1 ☐ Physical Abuse
2 ☐ Sexual Abuse
3 ☐ Psychological Abuse
4 ☐ Seclusion
5 ☐ Unauthorized or Inappropriate Use of Restraint
6 ☐ Unauthorized or Inappropriate Use of Aversive Conditioning
7 ☐ Unauthorized or Inappropriate Use of Time-out
8 ☐ Violation of a Client's Civil Rights
9 ☐ Mistreatment
10 ☐ Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION:

20. CLIENT'S RESIDENTIAL ADDRESS (If different than # 2 & 4 above)

21. DDSO

22. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

23. CLIENT'S PRESENT LOCATION (If different from residence)

24. PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE	DATE
25. PRINT NAME OF PERSON REVIEWING FORM/ SITUATION	TITLE	SIGNATURE	DATE

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OMRDD/REACH/CUNY

DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 26

Recognizing Errors in Incident Reports

Job Context: Filling Out Incident Reports

Communication Skills: Following Directions; Understanding Categories on Forms; Reading Comprehension; Filling in an Incident Report

Objectives:
- review written material on Incident Reports
- review procedure for checking completion and accuracy of Incident Reports
- detect and correct errors in an Incident Report

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will practice recognizing when an Incident Report is filled out accurately and completely. You will also review how to check your own reports to see if they're correct.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 26). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplement 1 to this unit is a sample Incident Report with an attached cover memo that gives additional information on the incident. Look over the Incident Report. Is it filled out correctly? What is missing? On a sheet of paper make a list of everything that should be changed to make this Report more accurate and complete. Item #24 and #25 on the Incident Report may be difficult to read. A typed version of these sections is on the page following the Incident Report.

Learning Activity 2

Now turn to the question sheet, Supplement 2, and answer the questions about this Incident Report.

Learning Activity 3

Supplement 3, taken from the **NYSOMRDD Direct Care Competency Manual**, is the performance checklist used by supervisors in observing a Direct Care Worker's ability to write or assist in writing reports. Review this checklist. Supplement 4 is a list of other things that should be checked to ensure that your Reports are complete and clear. You may want to keep this checklist in mind when completing Incident Reports on the job.

You may or may not have completed an Incident Report on the job. If you have, look up an Incident Report that you have completed on the job. Use this checklist to determine whether your report is complete, clear and accurate. If changes are needed, rewrite your Incident Report using the Incident Report form in the Supplement section.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Looseleaf sheet from Learning Activity 1
- Question sheet from Learning Activity 2
- The revised Incident Report from Learning Activity 3.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

SUPPLEMENT I

/

(11)

[redacted]

Form OMR 5A (4-78)

STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

TO: [redacted]

FROM: [redacted]

Subject: attached 147

☐	AS REQUESTED	DATE:	
☐	FOR YOUR COMMENTS	☐	FOR YOUR INFORMATION
☐	FOR YOUR APPROVAL	☐	NOTE & RETURN
☐	TAKE APPROPRIATE ACTION	☐	NOTE & FILE
☐	CALL ME	☐	FOR YOUR SIGNATURE
☐	SEE ME	☐	

This is not a serious 147. On interview of staff, [redacted] is now back to former P/CA behavior which we have not seen since she came to us.

A Part III will be completed with program review at QLC on 7/13/94.

She is being monitored & has passed in stool part of diaper.

[redacted]

This is not a serious 147.
On interview of staff, --- is now back to former P/CA behavior which we have not seen since she came to us.

A Part III will be completed with program review at QLC on 7/13/94.

[redacted]

She is being monitored and has passed in stool part of diaper.

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SUPPLEMENT I

(11)

Form OMR 147 (I

REPORTABLE INCIDENT REPORTING FORM

AGENCY

2. FACILITY NAME Developmental Center

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE N.Y.

6. IS THIS A SERIOUS INCIDENT 1 ☑ Yes 2 ☐ No
error AD

7. INCIDENT NUMBER 1102 6150

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First) [redacted]

9. AGE 8-6-42

10. SEX 1 ☐ M 2 ☑ F

11. CLIENT I.D. NO. [redacted]

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☑	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY
1 ☑ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound
6 ☐ C.P
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)
1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☑ Discovered

Mo.	Day	Year	Hour	Min.	
07	10	94	11Am	00	☐ AM ☑ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident 3

17. CLASSIFICATION OF INCIDENT (X One)
1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No
If "yes" complete reverse side.

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☑ No

20. CAUSES OF INCIDENT (X All Which Apply)
1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☑ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☑ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION
1 ☐ Living Room
2 ☑ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)
1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☑ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?
1 ☒ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain) Dr. [illegible] 7/10/94 11:15PM notified that [illegible] [illegible]. ~~[illegible]~~ [illegible] for obstruction closely. Presently abd. soft + no distress noted. [illegible] normal state. RN II

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witness and others involved. (3) Specify first aid (if given).

Found in bed on rounds eating a attend. Consumed large amount. RN notified. MD notified.

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE
1 ☐ SOCR
2 ☐ VOCR
3 ☐ SOICF
4 ☐ VOICF
5 ☐ Other
6 ☐ FC
7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A TITLE DA SIGNATURE DATE 7-10-94

31. PRINT NAME OF PERSON COMPLETING REVIEW TITLE MRTII SIGNATURE DATE 7/11/94

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE DATE

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Supplement 1

24. Dr. D--- notified that --- ate a whole diaper torn in pieces. Small sections found. She is to be monitored for obstructions closely. Presently abd. soft and no distress noted. Staff to monitor stools.

--- RN II

25. Found in bed on rounds eating a attend. Consumed large amount. RN notified. MD notified.

THEME AREA 4, UNIT 26

Supplement 2

Questions on Sample Incident Report

1. Item #6
   Why did the person completing the review say it was an error to call this a Serious Incident?

2. Items #12 and #13
   Why are these items left blank?

3. Item #14
   What is wrong with the way the date and time of Incident is written?

4. Item #15
   Comment on this item.

5. Item #17
   Can this item be classified in one of these categories? If so, how would you classify this incident?

6. Item #18
   This item should be completed. Which box would you check?

7. Item #20
   Was the appropriate box checked? If not, which box should be checked?

8. Item #23
   Is this item completed correctly for the Report as it is currently written? If not, how should it be changed?

9. Item #24
   Why is it important to use clear handwriting in reports?

10. Item #25
    Is this section as detailed as it could be?

PERFORMANCE CHECKLIST

PARTICIPATES ON TEAM

TASK NO.	JOB TASK STATEMENT
1.1	Write or assist in writing reports.

PERFORMANCE OBJECTIVE

Given the completion of a program or assigned activity, the trainee will make appropriate entries in the daily log or designated form to document the activity.

INSTRUCTIONS

Select a person with whom the trainee has worked during a given workshift. Review the daily log or form used for documenting program activities. Use the items below to rate the trainee's performance in providing written documentation of the activity.

All items below must be checked "Y" for attainment of the competency. Any items checked "NA" should be explained on the back of this form.

ITEM	PERFORMANCE WILL BE OBSERVED USING THE ITEMS BELOW	Y	N	NA
1.	Was documentation placed in the proper form or log as required by the agency?			
2.	Was the information recorded accurately?			
3.	Was the information recorded in a logical sequence?			
4.	Was form or report signed or initialed with title and date?			
5.	Was the form returned to the appropriate location or person?			

Name:

Date:

Trial No: 1 2 3 (Circle)

Observer:

Title:

Code:

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Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe
3 ☐ Moderate 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT:
1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse?
1 ☐ Yes
2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death?
1 ☐ Yes
2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT:
1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PERSON COMPLETING REVIEW	TITLE	SIGNATURE	DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE

DATE

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THEME AREA 4, UNIT 26

Supplement 4

Incident Report Checklist

_____● Have I completed all the items?

_____● Is my handwriting clear and easy to read?

_____● Have I provided the correct information for the individual?
  - correct spelling of name?
  - accurate client I.D. # ?
  - complete address?

_____● Is my spelling correct?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 27

Vocabulary Review (Incident Reports)

Job Context: Understanding Vocabulary Pertaining to Incident Reports

Communication Skills: Vocabulary Development; Reading Comprehension

Objectives:
- review vocabulary pertaining to Incident Report form
- employ a system for learning new technical vocabulary

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will review technical vocabulary that is pertinent to Incident Reports.

Learning Activity 1

Supplement 1 is a glossary of terms related to incidents and Incident Reports. Review the meanings of these words. Then answer the questions on the question sheet.

Learning Activity 2

During your work day, make a note of any technical words you come across that you don't understand or that you'd like to study further. Write these words on an index card and include them in your word box. Include a short description of how the word was used in context so it will be easier to recognize and understand the word the next time you come across it. You can look up these words in your dictionary or, if you wish, you can trade words with your e-mail partner. He or she may know the meaning of a word that is difficult or unclear to you.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Question sheet from Learning Activity 1

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

624.20 Glossary

(a) Allegation (of client abuse) - For purposes of this Part, the implication that abuse of a client may have occurred, based upon the report of a witness, upon a client's own account, or upon physical evidence of probable abuse.

(b) Aversive Conditioning - An accepted behavior modification therapy technique employed only within the context of a planned behavior modifying program and which involves the use of stimuli or events considered to be intrusive and extremely objectionable, unpleasant, uncomfortable, noxious or painful to the client. Aversive conditioning techniques, when utilized according to acceptable theory and practice, are clinical interventions which are to be employed to achieve therapeutic goals.

(c) Commission on Quality of Care for the Mentally Disabled - A commission, appointed by the Governor of New York State in conformance with Article 45 of the Mental Hygiene Law, whose primary function is to review the organization, administration and delivery of services of the Office of Mental Retardation and Developmental Disabilities and the Office of Mental Health (OMH) to ensure that the quality of care provided to the mentally disabled is of a uniformly high standard. Included in this responsibility is the investigation of complaints of clients, employees or others of allegations of client abuse or mistreatment and the review of all deaths of clients/patients in all OMRDD and OMH operated or licensed facilities.

(d) Correspondent - An individual (not in the employ of an agency delivering services to the client) who assists the client in obtaining necessary services and participates as a member of the client's program planning team in the program planning process. The fact that a correspondent is providing advocacy for a client does not endow that individual with any legal authority over a client's affairs.

(e) Developmental Center - A facility operated by the Office of Mental Retardation and Developmental Disabilities for the care and treatment of the mentally retarded and developmentally disabled, as designated in Article 13.17 of the Mental Hygiene Law.

(f) Developmental Disability - A developmental disability is a severe, chronic disability of a person which:

(1) Is attributable to mental retardation, cerebral palsy, epilepsy, autism, or neurological impairment, or is attributable to any other condition of a person similar to mental retardation, cerebral palsy, epilepsy, autism, or neurological impairment because such condition results in similar impairment of general intellectual functioning and/or adaptive behavior and requires treatment and services similar to those required for such persons.

(2) Is manifest before age 18.

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(3) Is likely to continue indefinitely.

(4) Results in substantial functional limitations in adaptive behavior.

(5) Reflects the needs for a combination and sequence of special, interdisciplinary and/or generic care, treatment or other services which are of lifelong or extended duration, and are individually planned and coordinated.

(g) Family Care Provider - One or more adults age 21 or over to whom an operating certificate has been issued by OMRDD to operate a family care home.

(h) Governing Body - The policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a certified program and establishes policies concerning its operation for the welfare of the individuals it serves. In State-operated facilities, the governing body shall be the central office administration of OMRDD.

(i) Head of Shift - That staff person, by whatever title he or she may be known, who is immediately in charge of the designated area in which a reportable incident or alleged child abuse has occurred or been identified, at the time of such occurrence or the discovery thereof.

(j) Homicide Attempt - For purposes of this Part, an assault by a client in which there is apparent intent to kill.

(k) Individual Program Plan - A client-oriented record system which documents the process of developing, implementing, coordinating, reviewing, and modifying a client's total plan of care. It is maintained as the functional record indicating all planning as well as services and interventions provided to the client. It contains, at a minimum, client identification data, diagnostic reports, assessments, service plans, medical data, activity schedules, interdisciplinary team minutes and reports, staff action records, and information on efforts to place clients in a less restrictive level of programming.

(l) Investigate/Investigation - That process whereby the circumstances surrounding an event/situation are examined and scrutinized, whether by a program administrator, designated staff or a trained investigator (q.v.). The intensity of any "investigation" is decided by agency/program policy and the event/situation under study.

(m) Investigator - That person or persons, designated by agency/program policy, responsible for collecting information to establish the facts relative to an event/situation, whether immediately following or subsequent to that event/situation. While an "investigator" need not be a person appointed to a position bearing that title or have highly specialized training in investigatory techniques, it is recommended that the investigation of allegations of abuse be conducted by an individual skilled, by virtue of training or experience, in the appropriate techniques necessary to bring such allegations to a satisfactory conclusion.

(n) Isolation - A form of seclusion (q.v.), specifically intended to minimize sensory stimulation due to the sterility of the environmental design. Such isolation is not to be confused with the placement of a client in a setting which removes an individual from contact with others for medical reasons.. Isolation is prohibited by OMRDD regulation.

(o) Medical Safeguard - A device which controls movement and which is prescribed by a physician for time limited periods during healing to ensure a medical procedure, to position or protect a body part during healing, or to support a body part of limb. Examples would include a brace to keep a limb in place, splints or braces to provide stability for broken bones, devices to prevent or avoid irritation or further injury of a skin ailment or burn, and traction equipment.

(p) Mental Hygiene Legal Service (MHLS) - A service of the appellate division of the State Supreme Court established pursuant to Article 47 of the Mental Hygiene Law. (Formerly "Mental Health Information Service" - MHIS).

(q) Physical Safeguard - A device which may inhibit or restrict movement, but which is used to ensure the safety of a client or to assist in his or her comfort and/or functioning. As such, the use is detailed in the client's Individual Program Plan. It is expected that the use of such devices will be ongoing, as opposed to the short term use of mechanical restraining devices to facilitate time specific medical procedures. Physical safeguards may not include any device which binds limbs to each other or to any other part of the body, or prevent normal movement of a limb or limbs. The inappropriate use of a device which prevents the normal movement of a limb or limbs or the use of any supportive device for a client who is capable of self-support and/or self ambulation shall be considered client abuse.

(r) Program Administrator - The person designated by the governing body to be responsible and accountable for the daily operation of an OMRDD certified or operated program; or his or her designee, who shall be a senior staff person.

(s) "Requiring Medical or Dental Treatment" - That situation whereby a client who, by virtue of his or her condition as a result of an incident, must see a physician, dentist, physician's assistant, or nurse practitioner to have the condition diagnosed, controlled and/or attended to with more than first-aid procedures. While in any way injured or has suffered any ill effects is to see a

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medical professional, this does not constitute "requiring medical or dental treatment" in terms of defining a reportable incident.

(t) Seclusion - The placement of a client in a secured room or area from which he or she cannot leave at will is considered to be "seclusion," not time-out (q.v.). Seclusion is considered to be a form of client abuse and is therefore prohibited.

(u) Standardized Form - For purposes of this Part, a document or documents specifically designed or designated at the agency/program level for the purpose of recording reports of incidents (as defined herein and by agency/program policy) and alleged client abuse for use within that agency/program in such a manner that there will be consistency of information to facilitate the investigation, review and monitoring of those events or situations and the corrective actions taken, as well as the identification and analysis of trends.

(v) Time-Out - A period of time when a client is removed from or denied the opportunity to obtain positive reinforcement in accordance with acceptable behavior management techniques. When in time-out a client shall be under visual or auditory contact and supervision. If a time-out area is designated, normal egress from that area can be prevented only:

(1) By the direct physical action of appropriately trained staff; and
(2) When such action is designated in a written plan.

The exceptions to the need for a plan are those isolated emergency situations in which the limited/infrequent use of a time-out area is necessary solely for the protection of a client or others and is used in conformance with agency/program specific policies and procedures. Time-out, when used in accordance with acceptable clinical/therapeutic techniques, is not to be confused with seclusion or isolation (q.v.), nor is it to be considered a form of aversive conditioning (q.v.).

Supplement 1

Glossary Question Sheet

1. When is **aversive conditioning** used?
2. The family of an individual claims that a staff member has been mistreating their son. Would this complaint be investigated by the **Commission on Quality Care for the Mentally Disabled?**
3. Have you had any experience relating to a **correspondent** of an individual? If so, describe the relationship.
4. What is the **governing body** for the state-operated facilities in the state of Georgia?
5. What are four components of the Individual Program Plan?
6. Would removing an individual from a room because of medical reasons be considered **isolation?**
7. What is the difference between a **medical safeguard** and a **physical safeguard?**
8. What is the difference between **isolation** and **seclusion?**

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 28

Grammar Review

Job Context: Accurately Completing Incident Reports

Communication Skills: Improving Grammatical Skills; Writing Skills

Objectives:
- review subject-verb agreement
- detect and correct grammatical errors
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- **Writing Skills Handbook**

Introduction

Throughout this Study Guide are units that will review basic grammar rules to help improve your writing. This unit will review agreement of subject and verb.

Learning Activity 1

Read pages 19 through the first paragraph on page 23 in your **Writing Skills Handbook.** Turn to your packet of **Writing Skills Handbook** worksheets. The worksheets are on yellow paper. Complete the sheet that is labeled **2: Verbs**. Complete 2b, First Set, and 2b, Second Set.

Learning Activity 2

Write a message to your e-mail partner. Describe an individual that you work with. Use a made-up name to protect that individual's confidentiality. If you are not a Direct Care Worker, describe one of your co-workers. Before sending your message, check that your subjects and verbs agree. Send a copy of this message to your Instructor.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Copy of message to e-mail partner

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 29

Writing Descriptions from Observations

Job Context: Writing Descriptions of Incidents (Incident Report Form 147(I), #25)

Communication Skills: Developing Observational Skills; Writing Skills; Writing Descriptions

Objectives:
- cultivate observational skills
- recognize important components of incident description
- practice writing descriptions
- check completeness and accuracy of own descriptions

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

Item #25 on the Incident Report Form 147(I) asks for a description of the incident. This unit will give you additional practice in writing descriptions from observations.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 29). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of two recreational activities at a Developmental Center: indoor baseball, and arts and crafts. The segment is on videotape #1, and is labeled Segment 10[1]. It begins at 1:29:35 and ends at 1:41:56. The baseball activity begins at the beginning of the segment and ends at 1:37:20. The arts and crafts activity begins at 1:37:21 and ends at the end of the segment.

Learning Activity 1

View the video section on the baseball activity. On a sheet of looseleaf paper jot down a few brief notes on the most important things you observed.

Now view the baseball activity section again. As you view, add to your notes important points that should be included in a description of this activity. View the baseball section as many times as you wish until you feel you have noted all of the important information.

Write a description of this activity. Use complete sentences. Refer to your notes to be sure you've included everything.

View the baseball section once again after you have finished writing your description. Add or change anything you wish.

Edit your work. Check to be sure that you are describing what you actually observed and not giving an interpretation or your opinions of what you observed. For example, if you observed one individual yelling at another you would say, "Individual A was yelling at Individual B," not "Individual A was angry" (an interpretation of the event).

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, Office of Mental Retardation and Developmental Disabilities.

Learning Activity 2

If you have time, complete the steps described above for the second section of Segment 10, the arts and crafts activity.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes and descriptions from Learning Activities 1 and 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 30

Necessary Information in an Incident Report

Job Context: Writing Descriptions of Incidents (Incident Report Form 147(I), #25)

Communication Skills: Reading Comprehension; Writing Skills; Writing Descriptions of Incidents

Objectives:

- recognize important components of incident description
- practice writing descriptions of incidents
- review procedure for checking completeness and accuracy of own descriptions
- focus on correct capitalization and spelling

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

This unit will give you more practice in writing descriptions of incidents as required for Item #25 of the Incident Report form which is provided in Supplement 1.

Learning Activity

Item #25 on the Incident Report form, Description of Incident, is one of the most important items to be completed on this form. It is important that it be completed correctly and accurately.

When writing a description, you should describe the actual behavior or event that you observed. The directions given on the Incident Report form for Item #25 ask you to (1) Describe the incident; (2) Give name of witness and others involved; (3) Specify First Aid (if given).

In Supplement 2 to this unit are four Injury Intervention forms from a NYS DDSO. (These forms are the original forms and the handwriting may be difficult to understand. We have retyped the information on the forms on the page following each incident.)

Using the information on these forms, e-mail a description for each incident to your Instructor. Head each description with the incident number: Incident 1, Incident 2, etc., so your Instructor will know which incident you are describing.

Focus on the writing skills of capitalization and spelling in this unit.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- Incident Descriptions from Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Incident Report Form

1. AGENCY

Form OMR 147 (1)

2. FACILITY NAME

3. PROGRAM TYPE

REPORTABLE INCIDENT REPORTING FORM

4. FACILITY ADDRESS

5. PHONE (   )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychotropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witness and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	**TITLE**	**SIGNATURE**	**DATE**
31. PRINT NAME OF PERSON COMPLETING REVIEW	**TITLE**	**SIGNATURE**	**DATE**

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?

1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE

DATE

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THEME AREA 4, UNIT 30

SUPPLEMENT 2

INJURY INTERVENTION FORMS

Incident #1

S.T.E.P.S. INJURY -INTERVENTION FORM

Person's Name: [redacted] Unit: ____________ Date: 6/19/94

PART I: INJURY ⑦

1. Time the injury occurred or was found: 8.15 pm
2. Location of occurrence: girls' bathroom
3. Person who observed or found the injury: [redacted]
4. Describe the INJURY: Bruising @ base of 1st three toes Ⓡ foot
5. If the injury was OBSERVED, describe the situation and events leading to the injury:
6. If the injury was FOUND, describe the situation: Injury found at showertime when shoes removed.
7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others: D examined feet while client in bed. [redacted] MD notified. She recommended NO ambulation until A.M & analgesia. Tylenol 650 mg given @ 4pm & 8pm. Large note on blackboard telling night staff to toilet her c̄ wheelchair & not to allow her out of bed unassisted. F/u in AM.

PART II: WANDERING:

1. Length of time the person was unaccounted for:
2. Location of occurrence:
3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

[redacted] RN II

Reviewed –
x ray day → done/showing fracture noted

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, ~~summarizing the occurrence.~~
2. PLEASE include the information in shift report.
3. File the completed form in the Unit Communication Book.

done

[redacted] RN II 6/19/94

Signature of person completing form | Title | Date

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Incident #1

1. 8:15 PM

2. girls' bathroom

4. bruising at base of first three toes, right foot

6. Injury found at shower time when shoes removed.

7. I examined feet while client in bed. MD notified. She recommended no ambulation until AM and analgesic Tylenol 650 mg given at 4PM and 8PM. Large note on blackboard telling night staff to toilet her in wheelchair and not to allow her out of bed unassisted. F/u in AM.

--reviewed -- x-ray done following day -- fracture noted.

Incident #2

S.T.E.P.S. INJURY -INTERVENTION FORM

[illegible] [redacted] Unit ____________ Date: 7/17/94

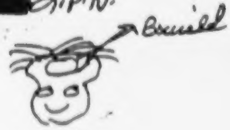
PART I: INJURY

1. Time the injury occurred or was found: During Shower @ 8+ ⑧

2. Location of occurrence: Bathroom

3. Person who observed or found the injury: [redacted] D.A. + [redacted] L.P.N.

4. Describe the INJURY: Scratched + self reopened Bruise on Forehead.



5. If the injury was OBSERVED, describe the situation and events leading to the injury:

6. If the injury was FOUND, describe the situation:

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others: pressure applied to stop Bleeding Betadine applied. By L.P.N.

PART II: WANDERING:

1. Length of time the person was unaccounted for: NA

2. Location of occurrence:

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.

2. PLEASE include the information in shift report.

3. File the completed form in the Unit Communication Book.

[redacted] L.P.N. [redacted] DA

Signature of person completing form

Title

7/17/94

Date

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Incident #2

1. During shower at 8PM
2. Bathroom
4. Scratched self and reopened bruise on forehead.
7. pressure applied to stop bleeding. Betadine applied by LPN.

Incident #3

S.T.E.P.S. INJURY -INTERVENTION FORM

[illegible] [redacted] Unit: ________ Date: 10-15-94

PART I: INJURY

(13)

1. Time the injury occurred or was found: 8 pm at 10/14/94

2. Location of occurrence: Doorway of individuals' bedrm. "Pod" A

3. Person who observed or found the injury: [redacted]?

4. Describe the INJURY: ø noted injury

5. If the injury was OBSERVED, describe the situation and events leading to the injury: ?

6. If the injury was FOUND, describe the situation: Heard unusual yelling coming from Pod. A. individual found lying on back (Boni't yelling; angrily) in what appeared to be urine and/or H2O

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others: Individual was r'ed out - when asked was she OK, she replied: "yes!" She was three person assisted from floor - whereas she ambulated to bed c̄ one person assist c̄ ø c/o pain of any sort. ø med. intervention requir

PART II: WANDERING:

1. Length of time the person was unaccounted for:

2. Location of occurrence:

X-rays 10/15 and 10/17 all neg.

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered: alarm monitor at Bedside

---

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's ~~record~~, summarizing the occurrence. done

2. PLEASE include the information in shift report. St

3. File the completed form in the Unit Communication Book. questionable ankle fracture. F/u on Monday if unimproved. ®

[redacted] ________ RN ________ 10/ /94

Signature of person completing form ________ Title ________ Date

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Incident #3

1. 8PM at 10/14/94

2. Doorway of individual's bedroom. "Pod" A

4. no noted injury

6. Heard unusual yelling coming from Pod A. OA individual found lying on back (continued yelling; angrily) in what appeared to be urine and/or H2O.

7. Individual was checked out -- when asked was she ok, she replied: "yes!" She was three person assisted from floor -- whereas she ambulated to bed with one person assist with no c/o pain of any sort. No med. intervention required.
   x-rays 10/15 and 10/17 -- all reg.
   alarm monitor at bedside

Notification

3. questionable right ankle fracture. F/u on Monday if unimproved.

Incident #4

S.T.E.P.S. INJURY -INTERVENTION FORM

[illegible] Name: [redacted] Unit: ________ Date: 9/17/94

PART I: INJURY

2

1. Time the injury occurred or was found: 8P

2. Location of occurrence:

3. Person who observed or found the injury: Found during shower by R WAll

4. Describe the INJURY: SMAll Abrasion A Top of Ⓡ shoulder

5. If the injury was OBSERVED, describe the situation and events leading to the injury:

6. If the injury was FOUND, describe the situation:

7. After the injury occurred or was found, describe all ACTIONS taken: medical/first aid interventions, notifications, others: Notified RN Ø First Aid needed

---

PART II: WANDERING:

1. Length of time the person was unaccounted for:

2. Location of occurrence:

3. Describe the situation, include where the person was found, who found the person, any related events or circumstances, any possible reason how/why the person wandered:

NOTIFICATION:

1. PLEASE make an entry in the progress note section of the person's record, summarizing the occurrence.

2. PLEASE include the information in shift report.

3. File the completed form in the Unit Communication Book.

[redacted] LPN 9/17/94

Signature of person completing form Title Date

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Incident #4

1. 8P

3. Found during shower by right wall

4. small abrasion top of right shoulder

7. notified RN no first aid needed

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 31

Necessary Information in an Incident Report

Job Context: Filling Out Incident Reports

Communication Skills: Following Written Directions; Understanding Categories on Forms; Filling in an Incident Report

Objectives:
- follow directions on an Incident Report
- review categories on an Incident Report
- complete an Incident Report form

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

This unit will review the information that should be included in an Incident Report.

Description of Videotape Materials

The videotape segment for this unit is on Videotape #1. It is labeled Segment 11[1]. It begins at 1:42:02 and ends at 1:44:24.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 31). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

In this videotape segment Joe, a Direct Care Worker, is talking to an individual, Robert, about an incident that Robert observed.

View the video segment. What do Joe and Robert mention that are important to include in an Incident Report form?

View the video segment a second time. Add to your list anything else you think would be important to put on an Incident Report form.

What information about this incident is missing? Make a list of anything else you would want to know about this incident to write a complete Incident Report.

Learning Activity 2

Turn to the blank Incident Report form which is included as a supplement to this section. Using your notes, fill in any information you know about this incident.

Now circle, on the Incident form, the information you would need that you do not know from the videotape.

Go back to your list of what else you would want to know about the incident to write a complete Incident Report. How many of the items that you listed are actually required on an Incident Report form? Put a check next to the things you listed that are needed on an Incident Report form.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 1
- Your Incident Report form from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

1. AGENCY

Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P

7 ☐ Epilepsy

8 ☐ Autism

9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None

2 ☐ Antibiotic Only

3 ☐ Psychotropic Only

4 ☐ Antiepileptic Only

5 ☐ Antibiotic-Psychotropic

6 ☐ Antibiotic Antiepileptic

7 ☐ Psychotropic-Antiepileptic

8 ☐ Psychtropic-Antiepileptic-Antibiotic

9 ☐ Other

10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury

2 ☐ Leave Without Consent

3 ☐ Death

4 ☐ Restraint

5 ☐ Medication Error

6 ☐ Possible Criminal Act

7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)

2 ☐ Physical Handicap

3 ☐ Seizure/Fainting

4 ☐ Fall

5 ☐ Use of Restraint

6 ☐ Actions of Other Client

7 ☐ Actions of Employee

8 ☐ Actions of Visitor

9 ☐ Intoxication

10 ☐ Drug Misuse

11 ☐ Hazardous Conditions on Facility Property

12 ☐ Faulty, Inadequate or Inappropriate Equip.

13 ☐ Unknown

14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room

2 ☐ Bedroom

3 ☐ Kitchen

4 ☐ Bathroom

5 ☐ Hallway

6 ☐ Staircase

7 ☐ Dining Room

8 ☐ Program Room

9 ☐ Recreation Area/Room

10 ☐ Off Facility Property

11 ☐ Unknown

12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in item 20 was marked)

1 ☐ Self Abusive

2 ☐ Assaultive

3 ☐ Provocative

4 ☐ Accidental

5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment

2 ☐ Client Relocated

3 ☐ Staff Relocated

4 ☐ Maintenance Request

5 ☐ Plan Modification

6 ☐ Client Observation

7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PERSON COMPLETING REVIEW	TITLE	SIGNATURE	DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?

1 ☐ Yes - If "Yes", Specify on attached sheet

2 ☐ No

SIGNATURE

DATE

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 32

Practice Filling Out Incident Reports

Job Context: Filling Out Incident Reports

Communication Skills: Following Written Directions; Understanding Categories on Forms; Filling in an Incident Report

Objectives:
- follow directions on an Incident Report
- review categories on Incident Report
- complete an Incident Report form

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

Now we will put together all the elements of Incident Reports that you have reviewed. In this unit you will practice filling out a complete Incident Report form.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 32). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

In the Supplement section to this unit are descriptions of two incidents and two blank Incident Report forms.

Read the written description for the first incident. On your looseleaf paper jot down any information you think will be important to include in your Incident Report.

Turn to a blank Incident Report form. Complete the Incident Report form using the information provided in the description. Use a made-up name for the individual. If you cannot find information you need for the form in the description, leave it blank.

Learning Activity 2

Read the written description for the second incident. On your looseleaf paper jot down any information you think will be important to include in your Incident Report.

Turn to a blank Incident Report form. Complete the Incident Report form using the information provided in the description. Use a made-up name for the individual. If you cannot find information you need for the form in the description, leave it blank.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activities 1 and 2
- Your completed Incident Reports from Learning Activities 1 and 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 4, UNIT 32

SUPPLEMENT

INCIDENT DESCRIPTIONS

INCIDENT REPORTING FORMS

[redacted]

INCIDENT I

ABUSE/NEGLECT INVESTIGATION SUMMARY
(CQC 300)

Facility Name: [redacted]
Today's Date: 6/3/94
Date of Incident: 2/1/94

Name of Alleged Victim: [redacted]
Incident #: [redacted]

Facility Contact Person: [redacted]

Investigative Findings: (Reported Abuse, Confirmed)

A call was received from the director of [redacted] day program that Mr. [redacted] attends, indicating that he possessed two derogatory statements about Mr. [redacted] that was in this individual's wallet. Mr. [redacted] is a mildly retarded young man, who has speech and hearing impairments. He communicates with signs, some lip reading, and gestures, and reportedly has some reading and writing skills. The notes indicated a rude response to Mr. [redacted]'s screaming, including the directive to "shut-up".

The TTL's preliminary investigation indicated that a review of the wing logs, to determine writing similarity, yielded the possibility of an evening shift employee as a potential target.

The TTL reported that he spoke with staff at Mr. [redacted] day program who explained that Mr. [redacted] was proudly showing the notes in question to the staff. The Committee was satisfied that Mr. [redacted]'s rights were not violated.

In addition, a requested assessment indicated that Mr. [redacted] has very limited reading skills, and does not understand the meaning of the notes, nor is he clear on who gave them to him.

During the subsequent investigation, a [redacted] staff person did admit to writing the notes, but indicated that he did not realize what he wrote constitutes abuse. Based on the findings of the investigation, abuse was substantiated.

Corrective/Preventive Action:
1. The targeted staff person was trained on proper employee conduct and what constitutes abuse, and retrained on the implementation of behavior goals for all residents on his assigned wing.

Disciplinary Action:
The targeted staff person received a written counseling.

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Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE (   )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (if different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PERSON COMPLETING REVIEW	**TITLE**	**SIGNATURE**	**DATE**

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - if "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE

DATE

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Form OMR 147 (A)

ALLEGATION OF CLIENT ABUSE

1. AGENCY

2. FACILITY NAME | **3. PROGRAM TYPE**

4. FACILITY ADDRESS | **5. PHONE** (   )

6. Was the Reverse side of this form completed? 1 ☐ Yes 2 ☐ No

7. Was an OMR-147(I) previously filed that relates to this allegation? 1 ☐ Yes 2 ☐ No

Incident No.

A. TO BE COMPLETED BY STAFF (OTHER THAN WITNESS) AS DESIGNATED IN AGENCY POLICY

CLIENT'S NAME (Last, First) | **9. AGE** | **10. SEX** 1 ☐ M 2 ☐ F | **11. Allegation Reference No.**

2. ADAPTIVE BEHAVIOR DEFICITS
(X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF ALLEGED ABUSE

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. 1 ☐ Observed 2 ☐ Discovered

6 WAS ALLEGATION MADE BY

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Other (describe) ____________________
____

17. IS THE SUBJECT OF THE INVESTIGATION

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Unknown
9 ☐ Other (describe) ____________________
____

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)

1 ☐ Physical Abuse
2 ☐ Sexual Abuse
3 ☐ Psychological Abuse
4 ☐ Seclusion
5 ☐ Unauthorized or Inappropriate Use of Restraint
6 ☐ Unauthorized or Inappropriate Use of Aversive Conditioning
7 ☐ Unauthorized or Inappropriate Use of Time-out
8 ☐ Violation of a Client's Civil Rights
9 ☐ Mistreatment
10 ☐ Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION:

20. CLIENT'S RESIDENTIAL ADDRESS (If different than # 2 & 4 above) | **21. DDSO** | **22. TYPE** 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

23. CLIENT'S PRESENT LOCATION (If different from residence)

24. PRINT NAME OF PERSON COMPLETING FORM	**TITLE**	**SIGNATURE**	**DATE**
25. PRINT NAME OF PERSON REVIEWING FORM/ SITUATION	**TITLE**	**SIGNATURE**	**DATE**

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INCIDENT 2

INCIDENT REVIEW COMMITTEE January 4, 1995 PG. 12

UNIT: [redacted] OLD BUSINESS___ NEW BUSINESS X

REPORTABLE ___ SERIOUS REPORTABLE ___ ALLEGATION OF ABUSE X

NAME: A[redacted] Z[redacted] CLASS ___ NON-CLASS ___

DATE: 12/27/94 TYPE: Alleged Neglect INC. #: 41291004

SUMMARY:

At 7:30 AM, a developmental aide wrote a nursing note that Mr. Z[redacted] was found with a missing front tooth, scratches on his face, and a swollen nose. This employee spoke to the Day and Evening supervisors at 3:00 PM. She was directed to write an incident report which she did at this time. At 3:50 PM, the incident report was brought to the nurse. A doctor notes that, at 4:30 PM, Mr. Z[redacted] was examined and recent superficial scratches were seen on his face and nose. In addition, a left upper incisor was noted missing, with no bleeding observed. Mr. Z[redacted] was referred for dental examination. As there appeared to be a delay in obtaining medical care and reporting the missing tooth, an allegation of neglect was established.

The preliminary investigation indicated that Mr. Z[redacted] had three seizures from 12/23 to 12/24/94 while on home leave. His primary physician advised the mother to bring him back to the facility, and on 12/24/94 Mr. Z[redacted] was returned and taken to the emergency room for evaluation of his seizure activity. He was also seen by the facility neurologist on 12/27/94 to evaluate the same. In addition, on 12/27/94, Mr. Z[redacted] was again sent to the emergency room because of a swollen toe which proved not to be fractured.

Mr. Z[redacted] was very agitated and had a number of medical examinations during the day shift of 12/27/94. However, he was not seen for the missing tooth until 4:00 PM. The nurse on the day shift of 12/27/94 was not aware of the incident on 12/27/94, as it was submitted after her shift ended. The evening shift nurse was aware that the doctor scheduled Mr. Z[redacted] to be seen by the dentist on 12/28/94 for the missing tooth.

The dentist reported a fracture of upper left lateral incisor tooth #10 to gingival line, with no pulp or nerve exposure. Mr. Z[redacted] was noted to be asymptomatic, had no swelling or infection, and was pain free. He requires further treatment for prosthetic replacement. The dentist conjectured that the probable cause of injury was due to a possible fall, resulting in his hitting a narrow object that only struck tooth #10, causing only a coronal fracture.

The developmental aide reported that she noticed the missing tooth and facial scratches, upon doing morning ADL activities with Mr. Z[redacted]. When she went to look at the nurses' notes to see if there was any information about this, she noted that

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there wasn't any. She then wrote a note about what she had found. She stated that she intended to notify her supervisor, but Mr. Z[redacted] then became agitated, striking objects in his surroundings and screaming. He hit the clock and sustained a small cut on his the third finger of his right hand for which he received First Aid. In the confusion, she admits that she forgot about the missing tooth. As there was no swelling or bleeding, she thought that it was not a new affliction. She asked another staff member about it, but she knew nothing about it. When the evening shift staff arrived, they noted the missing tooth and that's when she notified her supervisor, who told her to complete an incident report form.

The TTL noted that Mr. Z[redacted] fell on 12/26/94 at which time he might have sustained the injury to his tooth. It was also noted that the injury may have occurred during one of the episodes of seizure activity.

Corrective actions taken include follow-up on seizure control, and continuing implementation of behavior plans for assault, self abuse, and non-compliance.

The preliminary investigation report was forwarded to Personnel for further investigation, including the role of the mid-level supervisors in the delay in reporting and treating Mr. Zellinger's missing tooth.

RECOMMENDATIONS:

The IRC requests documentation of the nurse's notes and results of the final investigation, including the role of the mid-level supervisors in the delay in reporting and treating Mr. Z[redacted]'s missing tooth.

DISPOSITION: OPEN X CLOSED ___

SUBSTANTIATED ___ INCONCLUSIVE ___ DISCONFIRMED ___

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Form OMR 147 (I)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE (   )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C P

7 ☐ Epilepsy

8 ☐ Autism

9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None

2 ☐ Antibiotic Only

3 ☐ Psychotropic Only

4 ☐ Antiepileptic Only

5 ☐ Antibiotic-Psychotropic

6 ☐ Antibiotic Antiepileptic

7 ☐ Psychotropic-Antiepileptic

8 ☐ Psychtropic-Antiepileptic-Antibiotic

9 ☐ Other

10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury

2 ☐ Leave Without Consent

3 ☐ Death

4 ☐ Restraint

5 ☐ Medication Error

6 ☐ Possible Criminal Act

7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse? 1 ☐ Yes 2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death? 1 ☐ Yes 2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)

2 ☐ Physical Handicap

3 ☐ Seizure/Fainting

4 ☐ Fall

5 ☐ Use of Restraint

6 ☐ Actions of Other Client

7 ☐ Actions of Employee

8 ☐ Actions of Visitor

9 ☐ Intoxication

10 ☐ Drug Misuse

11 ☐ Hazardous Conditions on Facility Property

12 ☐ Faulty, Inadequate or Inappropriate Equip.

13 ☐ Unknown

14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room

2 ☐ Bedroom

3 ☐ Kitchen

4 ☐ Bathroom

5 ☐ Hallway

6 ☐ Staircase

7 ☐ Dining Room

8 ☐ Program Room

9 ☐ Recreation Area/Room

10 ☐ Off Facility Property

11 ☐ Unknown

12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive

2 ☐ Assaultive

3 ☐ Provocative

4 ☐ Accidental

5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment

2 ☐ Client Relocated

3 ☐ Staff Relocated

4 ☐ Maintenance Request

5 ☐ Plan Modification

6 ☐ Client Observation

7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	**TITLE**	**SIGNATURE**	**DATE**
31. PRINT NAME OF PERSON COMPLETING REVIEW	**TITLE**	**SIGNATURE**	**DATE**

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?

1 ☐ Yes - If "Yes", Specify on attached sheet

2 ☐ No

SIGNATURE

DATE

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Form OMR 147 (A)

ALLEGATION OF CLIENT ABUSE

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. Was the Reverse side of this form completed? 1 ☐ Yes 2 ☐ No

7. Was an OMR-147(I) previously filed that relates to this allegation? 1 ☐ Yes 2 ☐ No

Incident No.

A. TO BE COMPLETED BY STAFF (OTHER THAN WITNESS) AS DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. Allegation Reference No.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF ALLEGED ABUSE

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. 1 ☐ Observed 2 ☐ Discovered

16. WAS ALLEGATION MADE BY

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Other (describe) ____________________

17. IS THE SUBJECT OF THE INVESTIGATION

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Unknown
9 ☐ Other (describe) ____________________

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)

1 ☐ Physical Abuse
2 ☐ Sexual Abuse
3 ☐ Psychological Abuse
4 ☐ Seclusion
5 ☐ Unauthorized or Inappropriate Use of Restraint
6 ☐ Unauthorized or Inappropriate Use of Aversive Conditioning
7 ☐ Unauthorized or Inappropriate Use of Time-out
8 ☐ Violation of a Client's Civil Rights
9 ☐ Mistreatment
10 ☐ Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION:

20. CLIENT'S RESIDENTIAL ADDRESS (if different than # 2 & 4 above)

21. DDSO

22. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

23. CLIENT'S PRESENT LOCATION (if different from residence)

24. PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE	DATE
25. PRINT NAME OF PERSON REVIEWING FORM/SITUATION	TITLE	SIGNATURE	DATE

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 33

Completing Client Abuse Forms

Job Context: Filling Out Allegation of Client Abuse Forms

Communication Skills: Following Written Directions; Understanding Categories on Forms; Reading Comprehension; Filling in an Incident Report

Objectives:

- follow directions on a Client Abuse form
- review categories on a Client Abuse form
- review written material on an Allegation of Client Abuse
- complete a Client Abuse form

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will practice completing an Allegation of Client Abuse form 147(A). You will need to think about selecting the information that will be needed for preparing a Client Abuse Form.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 33). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

As a supplement to this unit is a description of an allegation of physical and psychological abuse and a blank Allegation of Client Abuse form, 147(A).

Read the written description for the allegation of abuse. On your looseleaf paper jot down any information you think will be important to include in your report.

Turn to a blank Client Abuse form. Complete this form using the information provided in the description. Use a made-up name for the individual. If you cannot find information you need for the form in the description, leave it blank.

Learning Activity 2

Send an e-mail message to your Instructor with any questions you may have about completing Incident Report forms and Allegation of Client Abuse forms. Let him or her know how you are doing so far.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes for Learning Activity 1
- Your completed Client Abuse form from Learning Activity 1

Send by e-mail

- Your questions and comments about Incident Report forms

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

TO: [redacted], DDDS

FROM: [redacted], TTL, [redacted].

DATE: 9/19/94

RE: ALLEGATION OF PHYSICAL & PSYCHOLOGICAL ABUSE – [redacted]

[redacted] is a 33 year old, verbal, moderately retarded man with a secondary diagnosis of Schizophrenia, Undifferentiated and Pervasive Developmental Disorder. [redacted] is nervous, fearful and agitated most of the time. He whines about his problems, often appears paranoid and can be assaultive to others.

On 9/19/94 [redacted] telephoned this writer and alleged that while visiting [redacted] on 9/18/94 [redacted] alleged that [redacted] D.A. hit him on the head the prior evening and [redacted], D.A. called him a "bastard".

A physical examination was completed and revealed no head injury.

Upon interviewing [redacted] the psychologist found that his statements/allegations change and he frequently states "I don't remember". The psychologist found [redacted] allegation of physical abuse not credible and the allegation of verbal abuse may be credible.

Staff statements did not support either allegation. Staff were not witness to any physical or verbal abuse. It should also be noted that [redacted], D.A. was not on duty Saturday evening.

In conclusion, physical and verbal abuse could not be substantiated as (1) [redacted] statement lacks credibility, (2) there are no witnesses to support this allegation and (3) no physical injury to [redacted]. [redacted] is an unreliable informant and tends to perseverate about abuses by staff and other individuals.

Immediate Preventive/Corrective Actions

1. Both employees were removed from A-Wing pending D.D.D.S. review of preliminary investigtion.

2. Psychologist provides counseling to [redacted] to develop coping and interpersonal skills.

3. Psychiatrist and treatment team continue to monitor medication regimen. [redacted] has been improving evidenced by decreased agitation.

[redacted]

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Form OMR 147 (A)

ALLEGATION
OF
CLIENT ABUSE

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. Was the Reverse side of this form completed? 1 ☐ Yes 2 ☐ No

7. Was an OMR-147(I) previously filed that relates to this allegation? 1 ☐ Yes 2 ☐ No

Incident No.

A. TO BE COMPLETED BY STAFF (OTHER THAN WITNESS) AS DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. Allegation Reference No.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe
1 ☐	6 ☐ Communication
2 ☐	7 ☐ Independent Living
3 ☐	8 ☐ Learning
4 ☐	9 ☐ Mobility
5 ☐	10 ☐ Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychotropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF ALLEGED ABUSE

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. 1 ☐ Observed 2 ☐ Discovered

16. WAS ALLEGATION MADE BY

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Other (describe) ____________________

17. IS THE SUBJECT OF THE INVESTIGATION

1 ☐ Client
2 ☐ Employee
3 ☐ Volunteer
4 ☐ Parent
5 ☐ Guardian
6 ☐ Correspondent (if other than parent or guardian)
7 ☐ Visitor
8 ☐ Unknown
9 ☐ Other (describe) ____________________

18. PROBABLE CLASSIFICATION OF ALLEGED ABUSE (X the one that most closely describes the alleged situation)

1 ☐ Physical Abuse
2 ☐ Sexual Abuse
3 ☐ Psychological Abuse
4 ☐ Seclusion
5 ☐ Unauthorized or Inappropriate Use of Restraint
6 ☐ Unauthorized or Inappropriate Use of Aversive Conditioning
7 ☐ Unauthorized or Inappropriate Use of Time-out
8 ☐ Violation of a Client's Civil Rights
9 ☐ Mistreatment
10 ☐ Neglect

19. BRIEFLY DESCRIBE THE ALLEGATION THAT IS UNDER INVESTIGATION:

20. CLIENT'S RESIDENTIAL ADDRESS (If different than # 2 & 4 above)

21. DDSO

22. TYPE 1 ☐ SOCR 2 ☐ VOCR 3 ☐ SOICF 4 ☐ VOICF 5 ☐ Other 6 ☐ FC 7 ☐ DC

23. CLIENT'S PRESENT LOCATION (If different from residence)

24. PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE	DATE
25. PRINT NAME OF PERSON REVIEWING FORM/ SITUATION	TITLE	SIGNATURE	DATE

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 34

Review of Incident Reports

Job Context: Writing Incident Reports

Communication Skills: Following Written Directions; Understanding Categories on Forms; Reading Comprehension; Writing Descriptions of Incidents

Objectives:
- review categories on incident report
- review written material on incident reports
- practice skimming and scanning
- use regulations as reference material

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit and Unit 35 you will review all the material you have covered on Incident Reports.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 34). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity

As a Supplement to this section are descriptions of two incidents. Read each incident and answer the questions that follow. You will have to refer to some of the regulations on incident reporting that you read in previous units to answer many of the questions.

Use e-mail when completing this Learning Activity. Head each group of questions with the number of the incident they refer to (Incident 1, Incident 2, etc.). Address your e-mail message to your Instructor.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your answers to the questions for Incident #1 and Incident #2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 4, UNIT 34

Supplement

- **INCIDENT #1**

Ms. Mary Doe is 28 years old, functioning in the profound range of mental retardation. She is confined to a wheelchair and relies on the residential staff to assist her with all aspects of daily living, due to her physical limitations. Mary is essentially non-verbal but will cry or elicit noises when she is uncomfortable or in distress. Mary participates in an outside day program which she regularly attends Monday through Friday. This past week Mary returned from the program on Friday, April 21 without incident. On Friday evening, staff indicated that her wheelchair was difficult to move. Her weekend was relatively quiet. She participated in routine wing activities including meals, ADL related training, and passive recreational activities on the unit. Mary did not attend any community outings, special events, or recreational trips.

On the evening of Sunday, April 23, while she was being prepared for her evening shower, her assigned staff noticed that her left arm and elbow were discolored and swollen. She was seen by the physician on duty and subsequently referred to the emergency room for an x-ray. The x-ray revealed that Mary's left arm was fractured.

1. What classification of incident is this? (See Unit 19)
2. What additional information is needed, if any, to complete an Incident Report? (Refer to the blank copy of an Incident Report on the next page.)
3. What procedure should the staff who observes or discovers the incident follow? (See Unit 19)
4. Write a description of this incident as you would for Item #25 of an Incident Report. (You completed a similar activity for Unit 30.)

• INCIDENT #2

On Monday evening, you report for work to your regularly assigned unit. Assigned to the unit are three other Developmental Aides and a mid-level Supervisor. Two of the Developmental Aides, Jane and John, have worked regularly on the unit with you for the past eight years. The third DA, Sandra, was floated from another unit via Clinical Control to help cover the shift.

The evening is relatively quiet. The clients engage in dining, recreational activities, and prepare for their bedtime. At approximately 8:30 PM, client Jack Doe, who is assigned to Jane's group, approaches you, stating that while he was showering, "the lady" hit him on the head with the shower hose. You check his head to find what appears to be a fresh cut.

1. What classification of incident is this? (See Unit 19)
2. What additional information is needed, if any, to complete an Incident Report? (Refer to the blank copy of an Incident Report on the next page.)
3. What procedure should the staff who observes or discovers the incident follow? (See Unit 19)
4. Write a description of this incident as you would for Item #25 of an Incident Report. (You completed a similar activity for Unit 30.)

1. AGENCY

Form OMR 147 (1)

2. FACILITY NAME

3. PROGRAM TYPE

REPORTABLE INCIDENT REPORTING FORM

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 3 ☐ Moderate 4 ☐ Severe 5 ☐ Profound

6 ☐ C.P
7 ☐ Epilepsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychotropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	
					☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse?

1 ☐ Yes
2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death?

1 ☐ Yes
2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on separate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE

1 ☐ SOCR
2 ☐ VOCR
3 ☐ SOICF
4 ☐ VOICF
5 ☐ Other
6 ☐ FC
7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PERSON COMPLETING REVIEW	TITLE	SIGNATURE	DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?

1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE

DATE

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 35

Review of Incident Reports

Job Context: Writing Incident Reports

Communication Skills: Following Written Directions; Understanding Categories on Forms; Reading Comprehension; Writing Descriptions of Incidents

Objectives:
- review categories on Incident Report
- review written material on Incident Reports
- practice skimming and scanning
- use regulations as reference material

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will continue to review all the material you have covered on Incident Reports. Students will also share information about their reactions to the Distance Learning Program at this point and their goals for future units.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit #. Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

As a Supplement to this section is a description of an incident. This activity should be completed the same way that you completed the Learning Activity in Unit 34. Read the incident and answer the questions that follow. You will have to refer to some of the regulations on incident reporting that you read in previous units to answer some of the questions.

Use e-mail when completing this Learning Activity. Address your e-mail message to your Instructor.

Learning Activity 2

Write an e-mail message to your e-mail partner. By now you have probably made some decisions about what units you will be completing for the rest of this program. Why did you pick these particular units? What goals do you hope to meet by working on these units? Discuss your answers to these questions in your message to your e-mail partner. Ask your partner about his or her instructional plan.

You will **not** be sending a copy of this message to your Instructor, so feel free to talk about anything you wish with your partner.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your answers to the questions for Incident #1 and Incident #2

Send the following to your e-mail partner

- Your e-mail message to your e-mail partner only

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 4, UNIT 35

Supplement

Ms. Jane Doe resides on the Multiply Disabled Unit of the facility. She functions in the mild range of mental retardation, has a psychiatric diagnosis, and a history of alcohol and substance abuse. She has been known to lie or exaggerate about previous events.

While in the program area, Ms. Doe went to the bathroom unescorted. She returned to the classroom within minutes quite upset. She informed the classroom staff that a male individual sexually forced himself on her in the bathroom.

1. What classification of incident is this? (See Unit 19)
2. What additional information is needed, if any, to complete an Incident Report? (Refer to the blank copy of an Incident Report on the next page.)
3. What procedure should the staff who observes or discovers the incident follow? (See Unit 19)
4. Write a description of this incident as you would for Item #25 of an Incident Report. (You completed a similar activity for Unit 30.)

Form OMR 147 (1)

REPORTABLE INCIDENT REPORTING FORM

1. AGENCY

2. FACILITY NAME

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE ( )

6. IS THIS A SERIOUS INCIDENT 1 ☐ Yes 2 ☐ No

7. INCIDENT NUMBER

A. TO BE COMPLETED BY STAFF DESIGNATED IN AGENCY POLICY

8. CLIENT'S NAME (Last, First)

9. AGE

10. SEX 1 ☐ M 2 ☐ F

11. CLIENT I.D. NO.

12. ADAPTIVE BEHAVIOR DEFICITS (X All Which Apply)

Moderate	Severe	
1 ☐	6 ☐	Communication
2 ☐	7 ☐	Independent Living
3 ☐	8 ☐	Learning
4 ☐	9 ☐	Mobility
5 ☐	10 ☐	Self Direction

DEVELOPMENTAL DISABILITY

1 ☐ MR 2 ☐ Mild 4 ☐ Severe
3 ☐ Moderate 5 ☐ Profound

6 ☐ C.P.
7 ☐ Epilecsy
8 ☐ Autism
9 ☐ Neurological Impairment (Specify in #35)

13. MEDICATION REGIMEN OF CLIENT (X One Only)

1 ☐ None
2 ☐ Antibiotic Only
3 ☐ Psychotropic Only
4 ☐ Antiepileptic Only
5 ☐ Antibiotic-Psychotropic
6 ☐ Antibiotic Antiepileptic
7 ☐ Psychotropic-Antiepileptic
8 ☐ Psychtropic-Antiepileptic-Antibiotic
9 ☐ Other
10 ☐ Missing

14. DATE & TIME OF INCIDENT: 1 ☐ Observed 2 ☐ Discovered

Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM

15. Number of Clients Present at Time of Incident

16. Number of Employees Present at Time of Incident

17. CLASSIFICATION OF INCIDENT (X One)

1 ☐ Injury
2 ☐ Leave Without Consent
3 ☐ Death
4 ☐ Restraint
5 ☐ Medication Error
6 ☐ Possible Criminal Act
7 ☐ Sensitive Situation

18. Is this incident also a case of Suspected Client abuse?

1 ☐ Yes
2 ☐ No

If "yes" complete reverse side.

19. Was this a sudden or Unusual Death?

1 ☐ Yes
2 ☐ No

20. CAUSES OF INCIDENT (X All Which Apply)

1 ☐ Action of Client (See #23)
2 ☐ Physical Handicap
3 ☐ Seizure/Fainting
4 ☐ Fall
5 ☐ Use of Restraint
6 ☐ Actions of Other Client
7 ☐ Actions of Employee
8 ☐ Actions of Visitor
9 ☐ Intoxication
10 ☐ Drug Misuse
11 ☐ Hazardous Conditions on Facility Property
12 ☐ Faulty, Inadequate or Inappropriate Equip.
13 ☐ Unknown
14 ☐ Other (Specify in #25)

21. LOCATION OF INCIDENT: 1 ☐ Indoors 2 ☐ Outdoors

22. SPECIFIC LOCATION

1 ☐ Living Room
2 ☐ Bedroom
3 ☐ Kitchen
4 ☐ Bathroom
5 ☐ Hallway
6 ☐ Staircase
7 ☐ Dining Room
8 ☐ Program Room
9 ☐ Recreation Area/Room
10 ☐ Off Facility Property
11 ☐ Unknown
12 ☐ Other (Specify in 25)

23. CLIENT'S ACTIONS (X One Only if Box #1 in Item 20 was marked)

1 ☐ Self Abusive
2 ☐ Assaultive
3 ☐ Provocative
4 ☐ Accidental
5 ☐ Other (Specify in #25)

24. WHAT CORRECTIVE OR OTHER ACTIONS HAVE BEEN TAKEN?

1 ☐ Medical Treatment
2 ☐ Client Relocated
3 ☐ Staff Relocated
4 ☐ Maintenance Request
5 ☐ Plan Modification
6 ☐ Client Observation
7 ☐ Client Supervision

Other (Explain):

25. DESCRIPTION OF INCIDENT: If report is completed by person other than individual with first knowledge of situation, attach written report of that person, and reports from any other persons involved. (1) Describe incident, and include address if different from 2/4 or 26. (2) Give names of witnesss and others involved. (3) Specify first aid (if given).

(Continue on seperate sheet if necessary)

26. CLIENT'S RESIDENTIAL ADDRESS (If different than #2 & 4 above)

27. DDSO

28. TYPE
1 ☐ SOCR
2 ☐ VOCR
3 ☐ SOICF
4 ☐ VOICF
5 ☐ Other
6 ☐ FC
7 ☐ DC

29. CLIENT'S PRESENT LOCATION (If different from residence)

30. PRINT NAME OF PERSON COMPLETING PART A	TITLE	SIGNATURE	DATE
31. PRINT NAME OF PERSON COMPLETING REVIEW	TITLE	SIGNATURE	DATE

PART B — To be Completed by Director/Chief Executive Officer After Review

SIGNATURE

DATE

PART C - To Be Completed By the Incident Review Committee

32. Was this information inaccurate or insufficient?
1 ☐ Yes - If "Yes", Specify on attached sheet
2 ☐ No

SIGNATURE

DATE

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 36

Other Incident Report Regulations

Job Context: Understanding Incident Report Regulations

Communication Skills: Reading Comprehension; Problem-Solving

Objectives:
- review Incident Report regulations
- review written material about Incident Reports
- make decisions regarding incidents
- practice understanding technical vocabulary through the context

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will read NYS OMRDD regulations on required notifications of Reportable Incidents and Allegations of Client Abuse that must be done in addition to completing the required forms.

Learning Activity 1

A section of the New York State OMRDD Existing Regulations on Reportable Incidents and Client Abuse is provided as a supplement to this unit. Read this supplement. Answer the questions on the worksheet that follows.

Learning Activity 2

Review the three incidents described in Units 34 and 35. What kind of notification should be done for these incidents? Write your answers on the answer sheet located in the Supplement section.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your answer sheets for Learning Activities 1 and 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

624.6 Notifications

In addition to requiring the reporting of reportable incidents and allegations of client abuse on forms as specified in Section 624.5, notification by other means is required as follows:

(a) For clients under 18 years of age, notification by telephone must immediately be made to the New York State Child Abuse and Maltreatment Reporting Center (1-800-342-3720) of occurrences attributable to alleged abuse of a child.

(b) All deaths shall be reported to the Commission on Quality of Care for the Mentally Disabled in the form and format as specified by the Commission.

(c) All suicides, homicides, accidental deaths, or deaths due to suspicious, unusual or unnatural circumstances must be reported immediately by telephone, and later in writing, to the coroner/medical examiner. In New York City, the police must also be notified.

(d) In the case of any reportable incident or allegation of client abuse where a crime may have been committed, it is the responsibility of the program administrator or designee to notify law enforcement officials.

(e) A client's parent(s) or guardian is to be notified of any serious reportable incident or allegation of client abuse within 24 hours (unless there is written advice from the parent or guardian that he or she does not want to be notified). The client's correspondent if other than the parent or guardian, shall also be notified. Notification of other types of events or situations shall be made at the program administrator's discretion and in accordance with agency/program policy and procedure.

(f) It is the responsibility of a designated staff member of the program making out a report on a reportable incident or allegation of client abuse, to notify any other program with which the client is associated of that reportable incident or allegation of abuse if it has resulted in visible evidence of injury to the client, may be of concern to another program, or may impact upon programming or activities at another program.

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THEME AREA 4, UNIT 36

Learning Activity 1

Worksheet

1. Who should receive notification if a client is under 18 years of age?

2. A client is involved in a situation that is classified as a Minor Incident. Should the client's parent(s) be notified?

3. When is it required to notify the police of an incident?

4. Who is responsible for letting other programs that the client attends know about the incident?

5. When is a report made to the Commission on Quality of Care for the Mentally Disabled?

Try to figure out the meaning of the following words from the sentence and words that are around the boldfaced word. Use the context of the following boldfaced words to figure out their meanings. Then check the meaning in the dictionary.

6. **attributable** (paragraph a)
I think **attributable** means ____________________

____

____

Dictionary definition: ____________________

____

7. **format** (paragraph b)
I think **format** means ____________________

____

____

Dictionary definition: ____

____

8. **designee** (paragraph d)
I think **designee** means ____

____

____

Dictionary definition: ____

____

9. **discretion** (paragraph e)
I think **discretion** means ______________________________________

____

____

Dictionary definition: ____

____

10. **impact** (paragraph f)
I think **impact** means ____

____

____

Dictionary definition: ____

____

THEME AREA 4, UNIT 36

Learning Activity 2

Worksheet

- **Incident #1**
  The following should be notified:

- **Incident #2**
  The following should be notified:

- **Incident #3**
  The following should be notified:

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 4

Incident Reports, Part Two

UNIT 37

Other Incident Report Forms

Job Context: Completing Other Forms Related to Incident Reporting

Communication Skills: Following Written Directions; Understanding Categories on Forms; Reading Comprehension; Writing Skills

Objectives:
- follow directions on forms
- review categories on forms
- review purpose of forms
- review vocabulary in the context
- practice writing
- generalize information to other situations
- make inferences

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

Many DDSOs have developed ways of record-keeping to help in accurately reporting incidents. In this unit you will review some of the forms related to incident reporting that you may come across at your site.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 4, Unit 37). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplementing this unit are five forms that are used by the Finger Lakes DDSO (Monroe DDSO). The forms related to incident reporting that you use in your DDSO may be the same or different. In addition, not all DDSOs have developed forms for these purposes.

Study each of the forms. Then answer the questions on the worksheet that follows.

Learning Activity 2

What forms related to Incident Reporting are used by your DDSO and at your site? Find a copy of all the forms that you use. Study these forms. What are the purposes of these forms? How are they used? If you have any questions about these forms, write them on a piece of looseleaf paper for your Instructor. Send a copy of these forms to your Instructor. Keep a copy of these forms with the Incident Report units of your Study Guide so you can refer to them as needed.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet for Learning Activity 1
- Copies of the forms related to incident reporting that are used at your worksite.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

MDC 162 (8/86)

MONROE DDSO

SERIOUS INCIDENT INVESTIGATION
FACT SHEET

INSTRUCTIONS: Whenever an investigation is conducted, this sheet is to be completed and provided with the OMR 147 I(A).

I. BASIC INFORMATION

CLIENT NAME: ____________________ INCIDENT REPORT #: ________________

SERVICE/UNIT: ____________________ DATE OF OCCURANCE: ________________

II. Names of all individuals present at time of occurance. Include visitors, therapists, workmen, aides, volunteers, etc. Continue on back if necessary.

NAME	WORK LOCATION	SHIFT	PASSDAYS	PHONE

III. REQUIRED ATTACHMENTS:

1. Copy of Incident Report 147 I
2. A copy of sign-in sheet for unit or work location
3. A completed Witness Statement from each person present. If they have no knowledge of the incident, they should make such a statement and sign it.

IV. OTHER COMMENTS:

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MDC 164 (8/86)

MONROE DDSO
WITNESS STATEMENT

Name: ______________________________

Job Title: ______________________________

Regular Shift Assignment: __________

Regular Work Location: ____________

Immediate Supervisor: _____________

Incident Report Number: ____________

Date of Incident: __________________

On the Date of the Incident:

1) Unit Worked: ________________

2) Shift Worked: ________________

1) Were you present? ____________

2) Do you have knowledge of this incident? ________________ (If no, sign form and return to supervisor.)

3) If not present, please specify any information you may have regarding this incident. Be specific and objective.

____

____

____

____

4) If present, please list the names of all clients, employees, others present and indicate where they were at the time of the incident.

____

____

____

____

____

____

____

5) What occurred? Be specific. ______________________________

THE ABOVE INFORMATION IS ACCURATE AND TRUE.

Print Name: ____________________ Signature: ____________________

Title: ____________________ Date: ____________________

If the person giving the statement is unable to write it himself, after it is written it will be read back to him and verified as follows:

Print Witness' Name: ____________________

Witness' Mark: ____________________ Date: __________

Verifying Witness: ____________________ Date: __________
(Signature, Title)

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MDC 232 (10/86)

1. AGENCY

2. FACILITY NAME 3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE
( )

MONROE DDSO
PRELIMINARY REPORT/NOTIFICATION RECOF
INCIDENTS/ABUSE

Client Name	Incident

INSTRUCTIONS: COMPLETE THIS FORM FOR REPORTED INCIDENTS, COMPLETING EACH SECTION AS APPROPRIATE.

	NOTIFICATION (as appropriate)	DATE	TIME	PERSON CONTACTED	REPORTED BY	147	PHONE	LETTER	OTHER
INTERNAL	NURSE								
	PHYSICIAN								
	MRTTL/PROGRAM MGR.								
	CHIEF OF SERVICE/ PROGRAM DIRECTOR								
	CLIENT COORDINATOR/ CASE MANAGER								
	SECURITY								
EXTERNAL	PARENT/GUARDIAN/CAB								
	OMRDD CENTRAL OFFICE								
	POLICE								
	BOARD OF VISITORS								
	MHLS								
	COMMISSION ON QUALITY OF CARE								
	CHILD ABUSE REGISTER								
	CORONER/ MEDICAL EXAMINER								
	DAY/RESIDENTIAL PROGRAM								
	OFFICE OF COUNSEL								
	OTHER								

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MONROE DDSO
PRELIMINARY REPORT/INCIDENT RECORD

NURSE/PHYSICIAN REPORT: (INSTRUCTIONS: Complete section below if examination or treatment is required from nurse or physician.)

FINDINGS AND TREATMENT (If Client's Medication Contributed to Incident, List Medication and Note any Changes Made)
(Attach Separate Sheet, if Necessary)

TYPE OF INJURY (X All Which Apply)

1 ☐ None
2 ☐ Abrasion
3 ☐ Swelling
4 ☐ Bruise
5 ☐ Bite
6 ☐ Sprain
7 ☐ Dislocation
8 ☐ Fracture
9 ☐ Possible Fracture or Dislocation
10 ☐ Burn
11 ☐ Superficial Laceration
12 ☐ Severe Laceration
13 ☐ Death
14 ☐ Other (Specify above

DISPOSITION (X All Which Apply)

1 ☐ Client Examined and/or Treated
2 ☐ Modified Medication Plan
3 ☐ Modified Program Plan
4 ☐ Referred to X-Ray
5 ☐ Continued Observation
6 ☐ Referred for Consultation
7 ☐ Referred to Medical Examiner
8 ☐ Transferred to Medical/Surgical Unit or Hospital
9 ☐ Other (Specify above

DATE & TIME OF EXAMINATION	Mo.	Day	Year	Hour	Min.	☐ AM ☐ PM	SIGNATURE	DATE

PRELIMINARY REPORT: (Provide incident clarification if necessary, preliminary investigation findings, preliminary conclusions and recommendations, if any.)

SIGNATURE/TITLE OF PERSON COMPLETING PRELIMINARY REPORT

DATE

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MDC 37 (9/86)

1. Include one month on each form.
2. Record information requested below on each incident.
3. Forward copy to Quality Assurance by the 10th of the next month.

MONROE DEVELOPMENTAL CENTER

MONTHLY LOG OF INCIDENTS/ABUSE

For the Month of ____________________

Prepared by ____________________

____________ Unit

____________ Service

Type of Event

A-Abuse Allegation
N-Non Serious Incident
SI-Serious Incident

Classification of Incidents

1-Injury
2-Leave Without Consent
3-Death
4-Restraint
5-Medication Error
6-Poss. Criminal Act
7-Sensitive Situation

Classification of Abuse

1-Physical Abuse
2-Sexual Abuse
3-Psychological Abuse
4-Seclusion
5-Unauthorized or Inappropriate Use of Restraint
6-Unauthorized or Inappropriate Use of Aversive Conditioning
7-Unauthorized or Inappropriate Use of Time-Out
8-Violation of Client's Civil Rights
9-Mistreatment
10-Neglect

Corrective Results

1-Medical Treatment
2-Client Relocated
3-Staff Relocated
4-Maintenance Request
5-Plan Modification
6-Client Supervision
7-Client Observation
8-Other

147 I/A FORM #	TYPE OF EVENT	CLIENT NAME	DATE	SHIFT	CLASSIFICATION	CORRECTIVE ACTION	STAFF/CLIENT INVOLVED

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MDC 205 (3/87)

Monroe Developmental Disabilities Service Office
620 Westfall Road
Rochester, New York 14620
(716) 461-8500

Sylvester P. Zielinski
DDSO Director

Michael A. Raha
Deputy Director,
Developmental Services

Arthur M. Equinozzi, Ph.D.
Deputy Director,
Quality Assurance

Elmar H. Frangenberg, M.D.
Chief of Medical Services

INCIDENT NOTIFICATION FORM

RE: ______________________________

RESIDENCE: ________________________

Dear Parent or Guardian:

It is the policy of Monroe Developmental Center to notify you of incidents involving your son or daughter.

Each parent/guardian is requested to indicate in writing under what type of conditions they wish to be contacted regarding incidents involving their son or daughter.

Please check the appropriate box(es) below indicating your preference for incident notification:

_____ I wish to be notified of all incidents involving my son or daughter.

_____ I wish to be notified only of any serious incidents involving my son or daughter.

You may change your preference listed above at any time by completing another Incident Notification Form. Monroe Developmental Center policy requires notification of at least all serious incidents.

Sincerely,

Client Coordinator

Signature of Parent/Guardian ______ Date ______ Relationship to Client ______

Signature of Client Coordinator ______ Date ______

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THEME AREA 4, UNIT 37

Supplement

Incident Forms Worksheet

- **Serious Incident Investigation Fact Sheet**

1. What is the purpose of this form?

2. Why is it important to keep a separate record of all the people who were present at the time of the occurrence?

- **Witness Statement**

3. What is the purpose of this form?

4. In Item 3, what does "objective" mean? Why is it important to be objective?

- **Preliminary Report/Notification Record**

5. What is the purpose of this form?

6. When determining whom to notify, to which document would you refer?

- **Monthly Log of Incidents/Abuse**

7. What is the purpose of this form?

8. Why would it be important to keep this record?

- **Incident Report Notification Form**

9. What is the purpose of this form?

10. Why do parents have this choice?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 38

The Individualized Planning Process

Job Context: Preparation for the Individualized Planning Process

Communication Skills: Reading Comprehension; Building Technical Vocabulary

Objectives:

- know basic concept of Individualized Planning Process
- review material on Individualized Planning Process
- read and understand forms related to the Individualized Planning Process
- review meaning of words that are used frequently in the Individualized Planning Process
- use the context to determine meaning of unknown words
- apply given information to other settings
- make inferences based on given information

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

This Theme Area reviews the Individualized Planning Process. In this unit you will review preparing for an Individualized Planning Process.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 5, Unit 38). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplement 1 to this unit is a memorandum describing how to complete the Comprehensive Functional Assessment Assignment Form that is used by the Western New York DDSO (West Seneca DDSO). This form is used for the annual review notes at this DDSO. Other DDSOs may use different procedures to gather information for reviews.

Read Supplement 1. Then answer the questions on the worksheet that follows.

Learning Activity 2

Where would you get information for a review or an Individualized Planning Process of an individual at your site? Which people would you consult? What forms or records would you review? On a sheet of looseleaf paper make a list of where you would get this information.

Learning Activity 3

Supplement 2 to this unit is a case of a Comprehensive Functional Assessment. Read the assessment done on Stanley. Does this assessment include required information as described in Supplement 1? Write a critique of Stanley's assessment on the worksheet that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1
- Your notes from Learning Activity 2
- Your worksheet from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 5, UNIT 38
Supplement I

MEMORANDUM

TO: ______________________________

FROM: ______________________________

DATE: ______________________________

SUBJECT: COMPREHENSIVE FUNCTIONAL ASSESSMENT ASSIGNMENT

You have been assigned the task of assessing and/or updating the **ADAPTIVE BEHAVIOR & INDEPENDENT LIVING SKILLS DOMAIN** for ______________ ______________. Your assessment is due back to me by ______________.

Please collaborate with the individual(s) listed below regarding the topic(s) specified to complete your assessment information:

NAME	SKILL TOPIC

DIRECTIONS

Based upon your knowledge and observation of the individual, describe in your assessment, how the individual uses the skills included in this domain in their daily life routines. That is, the PRACTICAL/FUNCTIONAL application of skills. Daily life routines include, but are not limited to:

- Personal Care Activities
- Dressing Activities
- Mealtime Activities
- Day Program/Work Activities
- Household/Domestic Activities
- Recreation/Leisure Activities
- Social/Behavioral Activities
- Health Care Activities

EXAMPLES: During participation in the routine of day program/work activities the individual's skills in the area of play/leisure may include .....

- During lunch breaks the individual upon invitation from his peers will participate in table games.
- While waiting for his return ride home from day program the individual vocalizes and smiles towards preferred staff to initiate interaction to help pass the time.

These statements identify the practical/functional application of the individual's skills to choose, perform and engage in activities for amusement, relaxation, enjoyment, etc. during a daily routine.

In your narrative of each skill topic be sure to include the following points:

1. Description of all full or partial skills demonstrated.
2. Description of the assistance/supports needed to enable the individual to perform the skill(s) or partial skill(s), (e.g. prompts, environment/setting, equipment, etc.).
3. Identify the realistic skill(s) or partial skill(s) you anticipate or expect the individual may still develop in each skill topic, (potential for growth/development).

From: Western New York DDSO (West Seneca, DDSO)

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ADAPTIVE BEHAVIORS/INDEPENDENT LIVING SKILLS DOMAIN

DRESSING

- Dress/undress self
- Complete fasteners
- Choose complete set of clothing
- Accessorize outfits
- Maintain neat appearance
- Select activity/weather appropriate clothing
- Maintain clothing storage
- Maintain clothing in good repair/condition

DINING

- Oral motor skills (lips, biting, chewing, swallow)
- Self feeding skills (finger, utensil use/type, neatness, oral intake amount, etc.)
- Family style meal participation
- Dining outside the home site

PERSONAL CARE

- Dental hygiene skills
- Bathing/showering skills
- Personal hygiene skills (hand/face washing, nasal care, menstrual care, etc.)
- Grooming skills (hair care, make-up, shaving, nail care, etc.)
- Privacy during personal care

TOILETING

- Habit training skills
- Pre-toileting skills (make need known, seek lavatory ensure privacy, adjust clothing, etc.)
- Self-toileting (include standing and the use of wall urinal for males)
- Post-toileting skills (use of toilet tissue, adjust clothing flush, wash hands, etc.)

COMMUNITY INVOLVEMENT

- Planning, organizing, & executing daily life routines
- Homemaking skills (meal planning, preparation, clean-up, laundry, cleaning, household repairs, shopping, household safety, etc.)
- Management of safety issues (crossing streets, use of electricity, emergency assistance, fire safety, use of common household gadgets/appliances, cleaning substance use, etc.)

PLAY/LEISURE SKILLS

- Choose, perform, & engage in activities for amusement, relaxation, spontaneous enjoyment &/or self-expression,
- Knows own needs/interests, identifies activities to meet needs/interests, chooses activities to meet those needs/interests, identifies resources for the activities.

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THEME AREA 5, UNIT 38

Supplement 1

Worksheet

1. In the first paragraph, what does "adaptive" mean? Try to figure out the word from the context before looking it up in your dictionary. Write your own sentence using the word "adaptive."

2. In the second paragraph, what does "collaborate" mean? Try to figure out the word from the context before looking it up in your dictionary. Write your own sentence using the word "collaborate."

3. Why is it important to collaborate with other people in completing the assessment?

4. In the third paragraph, what does "domain" mean? Write your own sentence using the word "domain."

5. In the second paragraph of the examples, what does "initiate" mean? Write your own sentence using the word "initiate."

THEME AREA 5, UNIT 38

Supplement 2

COMPREHENSIVE FUNCTIONAL ASSESSMENT

(X) ADAPT. BEHAV./INDEP. LIVING
( ) AFFECTIVE/EMOTIONAL
( ) COGNITIVE
( ) COMMUNICATION
( ) NUTRITIONAL
( ) PHYS. DEV. HEALTH
( ) SENSORIMOTOR
( ) SOCIAL
( ) VOCATIONAL

This Annual Review Note on Stanley is based on his Adaptive Behavior, Independent Living Skills such as Dining, Dressing, Personal Care, Community Exposure, Leisure Skills, and toileting.

Dressing: Stanley is totally dependent on staff dressing him and undressing him. He is very cooperative while being dressed. Stanley will sit down and stand up to help staff. He also will extend arms and lift leg with verbal and physical prompt from staff. Within the next year, I feel that Stanley could be able to push his arm through the armhole of his shirt instead of being so passive when staff is doing it.

Dining: Stanley is a very slow eater. Staff tries to give him his meal at the beginning of mealtime to allow him the extra time he needs to finish. If Stanley really likes the meal, he eats it fairly well without much prompting from staff. If Stanley doesn't like the meal, he needs constant prompting from staff to finish it. He eats with a built-up spoon and drinks from a regular glass. Within four years a goal for Stanley could be that he eat his entire meal without any prompting from staff and then maybe that he eat a little faster so it doesn't take the entire mealtime and more to finish his meal.

Personal Care: Stanley depends on staff for all his personal care needs. He is usually very cooperative to let staff brush his teeth. Stanley seems to enjoy his shower or bath and will extend his extremities to be washed without resistance. When Stanley is given verbal and tactile cues, he usually will cooperate when staff is combing his hair and shaving him. Staff suggests that his goal for two years is to accept hand over hand tolerance to combing his hair with staff.

NYS - OMRDD
W.S.D.D.S O.

RESIDENCE

W.S. IPP 32 (9/93)
CFA ASSESSMENT FORM

Toileting: Stanley is not toilet trained. He continues to wear a diaper during the day and night. When put on the toilet after breakfast, he will urinate in the toilet. During the day when put on the toilet, sometimes he will urinate and have bowel movement periodically, although his bowel movements are not on a regular basis. A goal for a target date of about three years could be to pull his pants up from his ankles to his knees after a toileting training session.

Community Involvement: Stanley depends almost always on staff to help him prepare his meals, shop for his clothes and personal items, make his bed and change his linens, and organize his daily routines. During emergency situations, such as practice fire alarms, Stanley cooperates but totally depends on the staff for assistance. The staff believes that Stanley will always need hand-to-hand guidance in emergency situations.

Leisure Skills: Stanley is a participant in planned leisure activities on a daily basis. He is given the opportunity to make choices of different objects and activities. He enjoys rocking in his rocking chair and listening to music. Because Stanley enjoys van rides and summer picnics, he usually does not resist participating in leisure activities.

THEME AREA 5, UNIT 38

Supplement 2

Worksheet

Review the Comprehensive Functional Assessment to determine if it includes the information required in Supplement 1 (see 3 points listed at bottom of page 271). Circle yes or no for each question.

Dressing

1. Does it include a description of demonstrated skills?

   YES NO

2. Does it include a description of assistance needed to perform the skills?

   YES NO

3. Does it identify skills the individual may still develop?

   YES NO

Dining

1. Does it include a description of skills demonstrated?

   YES NO

2. Does it include a description of assistance needed to perform the skills?

   YES NO

3. Does it identify skills the individual may still develop?

   YES NO

Personal Care

1. Does it include a description of skills demonstrated?

YES NO

2. Does it include a description of assistance needed to perform the skills?

YES NO

3. Does it identify skills the individual may still develop?

YES NO

Toileting

1. Does it include a description of skills demonstrated?

YES NO

2. Does it include a description of assistance needed to perform the skills?

YES NO

3. Does it identify skills the individual may still develop?

YES NO

Community Involvement

1. Does it include a description of skills demonstrated?

YES NO

2. Does it include a description of assistance needed to perform the skills?

YES NO

3. Does it identify skills the individual may still develop?

YES NO

Leisure Skills

1. Does it include a description of skills demonstrated?

   YES NO

2. Does it include a description of assistance needed to perform the skills?

   YES NO

3. Does it identify skills the individual may still develop?

   YES NO

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 39

Preparing for the Planning Process

Job Context: Preparation for the Individualized Planning Process

Communication Skills: Reading Comprehension; Filling out Individualized Personal Plan Forms

Objectives:
- accurately complete an Individualized Personal Plan form
- synthesize information
- identify most important ideas

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will continue reviewing organizing information in preparation for an Individualized Planning Process.

Learning Activity

Supplementing this unit is a Pre-Conference Summary Form used by the Metro New York DDSO (Manhattan DDSO). Using the information from Supplement 2 in Unit 38, the Comprehensive Functional Assessment on Stanley, complete this form. As you read Supplement 2, focus on the individual's skills, goals, and needs in the different areas.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your completed form from the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

PRE-CONFERENCE SUMMARY PPAGE -1 (RRS/1/21/93)

INDIVIDUAL:
DATE OF CONFERENCE:
STAFFS'SIGNATURE:
DATE:

CURRENT SKILLS, GOALS, AND NEEDS: BE SPECIFIC!!!!

TOILETING: SKILLS:
GOALS:
NEEDS:

ORAL HYGIENE: SKILLS:
GOALS:
NEEDS:

HANDWASHING: SKILLS:
GOALS:
NEEDS:

HAIR BRUSHING/COMBING: SKILLS:
GOALS:
NEEDS:

NAIL CARE: SKILLS:
GOALS:
NEEDS:

EATING/DINING: SKILLS:
GOALS:
NEEDS:
FOOD LIKES:
DISLIKES:

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PRE-CONFERENCE

DRESSING: SKILLS:

GOALS:

NEEDS:

SPECIFIC CLOTHING NEEDS:

SOCIAL: SKILLS:

GOALS:

NEEDS:

COMMUNICATION: SKILLS:

GOALS:

NEEDS:

BEHAVIOR: PROBLEMS:

GOALS:

NEEDS:

RECREATION/LEISURE: SKILLS:

GOALS:

NEEDS:

LIKES:

DISLIKES:

FAMILY CORRESPONDENCE:

OTHER: SKILLS:

GOALS:

NEEDS:

From: Metro New York DDSO (Manhattan DDSO)

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 40

Grammar Review

Job Context: Preparation for the Individualized Planning Process

Communication Skills: Improving Sentence Structure; Writing Skills

Objectives:
- use correct grammar
- detect and correct grammatical errors
- relay accurate, precise information in writing
- use correct sentence structure in writing

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

Using correct sentence structure is important for the accuracy and clarity of your written documents and reports. In this unit you will review basic sentence structure, sentence fragments and run-on sentences.

Learning Activity

Study Chapter 1, sections 1a, 1b, and 1d, in your **Writing Skills Handbook**, pages 3-7 and 12-13. Then complete the colored worksheets in your worksheet packet. The worksheets are headed **1: Sentence Form.** Do the exercises on the first set for each section. If you have time or want additional practice you can continue to the exercises on the second set.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheets for the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 41

Input from Direct Care Workers in the Planning Proces

Job Context: Presenting a Case at an Individualized Planning Process

Communication Skills: Writing Skills

Objectives:
- synthesize information
- identify most important ideas
- use correct grammar and technical vocabulary
- relay accurate, precise information in writing
- review professional style of writing

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review the types of recommendations that Direct Care staff might make to the Individualized Planning Process. You will also practice applying the writing and grammatical skills you have reviewed in previous units.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme

Area 5, Unit 41). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

What are some recommendations that the Direct Care staff might make to the Individualized Planning Process? On a sheet of looseleaf paper, write a list of some of the recommendations that might be made.

Learning Activity 2

Supplementing this unit is a note answering the same question you addressed in Learning Activity 1. This note is written in draft form so there are errors that would need to be corrected on the next rewrite. On a sheet of looseleaf paper, write a second draft of this note making any needed corrections. Think about the following as you are editing this piece of writing:

1. Are all of the words spelled correctly?
2. Are all of the sentences correct?
3. Have I corrected any sentence fragments or run-on sentences?
4. Is the punctuation correct?
5. Are verbs used correctly?
6. Do the subjects and verbs agree?
7. Is the language professional rather than slang?
8. Are the paragraphs well-organized?
9. Do the sentences flow?
10. Are all of the ideas presented supported with enough detail?

Learning Activity 3

Now look at the list you made in Learning Activity 1. Are there any important points in your list that were not included in the note you rewrote for Learning Activity 2? On a new sheet of looseleaf paper, write a third draft of this note and include any important points of your own in this new version of the note. When you are finished, do a final check to make sure that your note is the best it can be.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your list from Learning Activity 1
- Your note from Learning Activity 2
- Your revised note from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

These are types of recommendations that direct care staff might make to interdisciplinary treatment teams regarding individuals.

The staff got to make sure that they get there thearpy, (range of motion). To make Sure that they get the proper diet. They also need to get good Intertianment, also they need good recreation thearpy. We got to mare sure that there chair fit them properly.

They need good medical attention, also proper med We need to make sure that the individuals get good respirtory treatment. We have to make sure that they get good Dentail Care. We also need to brush the individuals theeth. They also need good eye clinic. The best of all they need their proper rest. The individuals also need the care from the staff. They also need a clean and Safe home to live in.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 42

The Planning Process in Action

Job Context: Presenting a Case at an Individualized Planning Process

Communication Skills: Writing Skills; Summarizing Skills; Interpersonal Skills

Objectives:
- synthesize information
- identify most important ideas
- relay accurate, precise information in writing
- recognize importance of advocating for individual
- review how to prepare for a meeting

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit you will witness an Individualized Planning Process for an individual who is having difficulty eating. You will see the importance of advocating for an individual. You will also review how to prepare for a planning meeting.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of an Individualized Planning Process. The segment is on Videotape #1, and is labeled Segment 12[1]. It begins at 1:44:30 and ends at 1:48:29. There is a short pause at 1:45:19. There are two meetings shown in this tape. The first meeting ends at 1:45:52. The second meeting is a follow-up to the first meeting and begins at 1:45:53.

There are many different workers who are shown on this tape and participate in the Individualized Planning Process. They are as follows (in the order they appear on camera):

Black hair/yellow sweater -- Direct Care worker

Blond hair/peach sweater -- may be the shift Supervisor

Male/black sweater -- Supervisor

Orange jacket/striped shirt/Debby -- Dietician

Female/green jacket -- Staff from Day Treatment Program

African-American male/grey jacket/Terry -- Nurse

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 5, Unit 43). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for you personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

View the videotape segment. Now view the videotape segment a second time. Supplementing this unit is a worksheet with questions on this videotape. Answer the worksheet questions. Review the videotape as many times as you need to help you in answering the questions.

---

[1] **Team Participation**, Copyright 1987, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 2

The Direct Care Worker shown in this videotape plays a very active role in advocating for the individual she works with and presenting her individual's case at the team meeting.

Do you feel she is correct in handling the situation in this way? Is there anything she should have done differently? What style or methods do you use when advocating for the individuals you work with?

Write an e-mail message to your Instructor discussing these issues. Be sure to edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1

Send by e-mail

- Your message from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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THEME AREA 5, UNIT 42

Supplement

Worksheet for Learning Activity 1

1. In **one paragraph only**, write a summary of what this videotape segment is about.

2. What role does the Direct Care Worker play?

3. List the steps that were followed from when the problem was first noted to when a solution was found.

4. What was the purpose of the first meeting?

5. What was the purpose of the second meeting?

6. How did the staff prepare for the second meeting?

7. What recommendations were made at the Individualized Planning Process?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 43

Practicing Problem Solving

Job Context: Individualized Planning Process: Problem-Solving in Job-Related Situations

Communication Skills: Reading Comprehension; Writing Skills; Interpersonal Skills; Problem-Solving Skills

Objectives:

- recognize importance of advocating for individual
- practice writing skills - planning for writing, note-taking
- employ problem-solving strategies - assessing situations, considering alternative solutions, decision-making
- make inferences
- draw conclusions based on given facts

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

One of the major roles of a Direct Care Worker is to be an advocate for the individuals that he or she works with. The Direct Care Worker, being the staff member that works most closely with each individual, is an important part of the Individualized Planning Process. In addition, throughout the workday, situations often arise in which the Direct Care Worker must make decisions that will best meet the needs of the individual.

In this unit you will practice your problem-solving skills by determining what should be done in various job-related situations. It is often necessary to read descriptions or reports very carefully in order to understand the important details. One effective strategy is to read a piece once quickly to get the main idea and then read again, focusing in on important details. Reading these job-related situations carefully with an eye for detail will help you arrive at effective solutions.

Learning Activities

Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

The Supplement to this unit is a worksheet entitled **Problem-Solving Strategies**. Complete the problems on this worksheet. Try to use a good topic sentence and supporting details in each paragraph. refer to the Writing Skills Handbook, Unit 16.

Learning Activity 2

For the next unit, Unit 44, you will be asked to write a three-minute speech advocating for an individual you work with. Bring to your work session any files, notes, logs, etc. on one individual you work with as you will need that information for the Learning Activities in Unit 44.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 5, UNIT 43

Supplement

Problem-Solving Strategies Worksheet

Jean is a Direct Care Worker at a community home. Below are three problems that Jean encountered in her workday. As you read about Jean, think about what Jean should do in each situation. Then write about what Jean should do.

Problem 1:

Michael, an individual in Jean's care, used to have good eating skills until he got aspiration pneumonia. The hospital got permission from Michael's family to feed Michael through a tube. Jean is upset. She feels that Michael doesn't need the surgery. She's noticed that he hasn't been sick recently. Jean feels that Michael lacks motivation and needs to work more on his eating skills.

If you were in Jean's situation, what would you do?

Problem 2:

Jean and her supervisor, Larry, take an individual, Marsha, to the hospital for treatment. They are told that Marsha must receive medication for treatment. Jean, who is med certified, is about to administer the medication when Larry takes it from her. He is not certified to administer the medication but he gives it to Marsha anyway.

If you were in Jean's situation, what would you do?

Problem 3:

One of Jean's colleagues, a Direct Care Worker named Brian, is on probation. His work performance is below average. Everyone is scared by the rumors they have heard about him. It is said that he assaulted his co-workers at his last place of employment.

Roger, an individual in Jean's care, has come to Jean with a complaint about Brian. Roger says that Brian called him a derogatory name and used a racial slur. Jean has gone to her supervisor, Larry, on six previous occasions concerning client care given by Brian. (Jean is **not** aware that Larry has never done anything with the complaints since he fears Brian.)

The last time Jean spoke to Larry, Brian found out and told her that if there were another complaint against him, he would "rearrange her face" and showed her a knife.

If you were in Jean's situation, what would you do?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 5

Individualized Planning Process

UNIT 44

Advocating for Individuals

Job Context: Presenting a Case at an Individualized Planning Process Meeting

Communication Skills: Reading Comprehension; Writing Skills; Summarizing Skills

Objectives:

- read and understand forms and reports that are part of an individual's case record
- synthesize information
- identify most important ideas
- use correct grammar and technical vocabulary
- relay accurate, precise information in writing
- state ideas and express feelings in a professional manner
- Take accurate notes

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will practice preparing to advocate for an individual at an Individualized Planning Process. You will be using reading comprehension and writing skills to gather information, take accurate and complete notes, and put the information into a report.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 5, Unit 44). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Look over all of the material -- notes, forms, record, files -- that you brought for this Learning Activity. Think about the units you have completed in this Theme Area. What would be important to include in the notes you would use as the basis of a presentation you'll be given to advocate for an individual in an Individualized Planning Process? Using your materials as a reference, make notes on important information that should be included in your speech. It may be helpful to make different categories for your notes, such as social skills and communication skills, and organize the information in this way.

Learning Activity 2

Write an e-mail message to your Instructor in which you advocate for an individual as you would in a presentation at an Individualized Planning Process. Use your notes from Learning Activity 1 to develop your writing. Pretend that your speech will be about 3 minutes long. Edit and spell-check your message before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 1
- Your written presentation from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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STUDY GUIDE

THEME AREA 6

Medications

UNIT 45

Math Review (Operations on Whole Numbers)

Job Context: Using Math Skills Related to Medications

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:
- review addition, subtraction, multiplication, division
- apply basic math skills to job-typical problems

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

Many tasks required of Direct Care Workers require fluency in basic math. This is particularly true in the area of medications. In this unit, and in the two units that follow, you will review basic math functions. For this unit you will practice operations on whole numbers.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded onto your screen.

As you are working on a problem, if you want to see how a problem is worked out you can find out from the menu bar at the top of the screen. You'll see how the problem is worked out mathematically. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator, which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you are working on a terminal, you will not be able to use the math program on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you do not have access to a computer loaded with the math program, do the exercises on the colored worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 1 **Operations on Whole Numbers**

- Section 2 **Adding Whole Numbers**

  Problems 17-23 (note: Use the page down key to get to problem 17)

- Section 3 **Subtracting Whole Numbers**

  Problems 17-23

- Section 4 **Multiplying Whole Numbers**

Problems 17-23

- Section 5 **Dividing Whole Numbers**

  Problems 17-23

Learning Activity 2

If you have any difficulty completing the problems in this review, you may want to continue practicing by completing questions 1-16 in each section.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message to your Instructor telling him or her that you completed this unit and how you did.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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STUDY GUIDE

THEME AREA 6

Medications

UNIT 46

Math Review (Calculating Percent)

Job Context: Using Math Skills Related to Medications

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:
- review calculation of percent
- apply basic math skills to job-typical problems

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review and practice calculation of percent. Being able to calculate percentages is important when dealing with medications as well as other job-related tasks sych as shopping.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded onto your screen.

As you are working on a problem, if you want to see how a problem is worked out you can find out from the menu bar at the top of the screen. You'll see how the problem is worked out mathematically. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator, which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your Instructor, or call our technology specialist. Her name and number is listed in the front of your study guide.

If you are working on a terminal, you will not be able to use the math program on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you do not have access to a computer loaded with the math program, do the exercises on the colored worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 5 **Using Percents**

- Section 4 **Solving Percent Problems**
- Section 5 **Application of Percent**

Learning Activity 2

If you have any difficulty completing the problems in this review, you may want to continue your practice by completing Section 1 (changing a percent to a fraction or decimal) and Section 2 (changing a decimal to a fraction or a percent).

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message to your Instructor telling him or her that you completed this unit and how you did

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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STUDY GUIDE

THEME AREA 6

Medications

UNIT 47

Math Review (Converting to the Metric System)

Job Context: Using Math Skills Related to Medications

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:
- practice conversion of measurement units to the metric system
- apply basic math skills to job-typical problems

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

Converting measurements to the metric system is a skill that is needed in determining medication dosage. In this unit you will practice conversion of measurement units to the metric system.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded onto your screen.

As you are working on a problem, if you want to see how a problem is worked out you can find out from the menu bar at the top of the screen. You'll see how the problem is worked out mathematically. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator, which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you are working on a terminal, you will not be able to use the math program on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you do not have access to a computer loaded with the math program, do the exercises on the colored worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 6 **U.S. and Metric Measurements**

- Section 7 **Conversion Between U.S. and Metric Measures**
- Section 8 **Review Section**

Learning Activity 2

You may also want to continue practicing by reviewing Section 6 (Metric Measurements of Capacity).

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message to your Instructor telling him or her that you completed this unit and how you did.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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STUDY GUIDE

THEME AREA 6

Medications

UNIT 48

Using Math to Solve Problems and Medication Administration

Job Context: Using Math Skills Related to Medications

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:
- apply basic math skills to job-typical problems
- convert measurements to the metric system
- calculate percents
- add, subtract, multiply, and divide whole numbers, decimals, and fractions

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will practice applying the math skills you reviewed in Units 45 - 47 to actual problems of medication administration.

Learning Activity

Supplementing this section is a worksheet with 12 problem solving questions. Read the questions. On the worksheet, provide the answers and how you figured them out.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by regular mail:

- Your answer sheet for the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Theme Area 6, Unit 48 -- Supplement

Medications Problem Solving[1]

NAME: ______________________ DATE: ______________

1. If the bottle is labeled ELIXIR DONNATAL and the doctor's orders reads, "1/2 teaspoonful four times a day, "how much would you give and how often would you give it?

2. The bottle is labeled TETRACYCLINE SYRUP 50 mg/cc and the doctor's order reads, "tetracycline syrup 225 mg. every 6 hours." If 4.5cc is equal to 1 teaspoon, how many teaspoons and how often would you give them?

3. If the bottle is labeled MELLARIL TABLETS 15 mg. and the doctor's order reads, "Mellaril 45 mg. three times a day," how many tablets will you give and how often will you give them?

4. If the bottle is labeled PENICILLIN TABLETS 50,000 Units and the doctor's order reads, "Penicillin 25,000 Units every 4 hours for5 days," how many tablets will you give and how often will you give them?

5. If the bottle is labeled COMPAZINE TABLETS 5 mg. and the doctor's order reads "Compazine 20 mg. twice daily," how many tablets will you give and how often will you give them?

6. If the bottle is labeled DILANTIN CAPSULES 64 mg. and the doctor's order reads, "Dilantin 128 mg. 4 times a day," how many capsules would you give and how often would you give them?

7. The bottle is labeled PHENOBARBITAL.ELIXIR 10 mg./cc and the doctor's order reads, "Phenobarbital Elixir 90 mg. twice daily." If 4.5 cc is equal to 1 teaspoon, how many teaspoons would would you give and how often would you give them.

8. If the bottle is labeled ELIXIR TERPIN HYDRATE and the doctor's order reads, "Elixir Terpin Hydrate 1 dram every 6 hours, "how much would you give and how often would you give it?

9. If the bottle is labeled DIGOXIN TABLETS 0.5 mg. and the doctor's order reads, "Digoxin 0.25 mg. after meals," how many tablets will you give and how often will you give them.

10. If the bottle is labeled CASCARA LIQUID and the doctor's order reads, 2 teaspoonfuls at bedtime whenever necessary," how many teaspoonfuls will you give and how often will you give them?

11. If the bottle is lebeled PHENOBARTITAL TABLETS 1 grain each and the doctor's order reads, "Phenobarbital 2 grains three times a day," how many tablets would you give and how often would you give them?

12. If the bottle is labeled TETRACYCLINE CAPSULES 25 mg. and the doctor's order reads "Tetracycline Capsules 100 mg. three times a day," how many capsules will you give and how often will you give them?

---

[1] developed by Brooklyn DDSO Staff Development

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THEME AREA 6, UNIT 48

Medication Problems Worksheet

Name______________________________________Date__________

1. Answer______________________________________

   How I figured problem out______________________________

2. Answer______________________________________

   How I figured problem out______________________________

3. Answer______________________________________

   How I figured problem out______________________________

4. Answer ____

   How I figured problem out ________________________________

   ____

   ____

   ____

5. Answer ____

   How I figured problem out ________________________________

   ____

   ____

   ____

6. Answer ____

   How I figured problem out ________________________________

   ____

   ____

   ____

7. Answer ____

   How I figured problem out ________________________________

   ____

   ____

   ____

8. Answer______________________________

How I figured problem out____________________

9. Answer______________________________

How I figured problem out____________________

10. Answer______________________________

How I figured problem out____________________

11. Answer______________________________

How I figured problem out____________________

12. Answer____

How I figured problem out____

____

____

____

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 49

Writtng Skills (Numbers and Abbreviations)

Job Context: Writing Medical Notes

Communication Skills: Writing Skills

Objectives:

- write figures, times, percentages, and dates correctly
- use correct abbreviations in writing

Materials:

- Study Guide
- Looseleaf Paper and Pen
- **Writing Skills Handbook**

Introduction

In formal writing, such as medical notes and reports, there is a standard way to write numbers, addresses, times, and percentages. In addition, there are rules of acceptable abbreviations. In this unit, you will review how to write numbers and use abbreviations in your writing.

Learning Activity 1

For this Learning Activity, you will be using your **Writing Skills Handbook.** Study Chapter 11 on numbers, pp. 81 - 83.

Turn to your packet of **Writing Skills Handbook** worksheets. The worksheets are on colored paper. Complete the worksheet that is labeled **11:Numbers**, on pages 105 and 106. Complete the first set and the second set.

Learning Activity 2

Chapter 12 of the **Writing Skills Handbook**, pp. 84 - 86, reviews rules for abbreviations. Section 12a and sections 12f - 12i are most applicable to the writing you do as a Direct Care Worker. Study these sections. Refer to this chapter as you edit your writing on the job and while you are working on this program.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 50

Writing Practice

Job Context: Writing Medical Notes

Communication Skills: Writing Skills

Objectives:
- relay accurate, precise information in writing
- use correct spelling, sentence structure, and verb form

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

For this unit, you will practice your writing skills by writing a message to your e-mail partner on a medication topic.

Learning Activity

Write a message to your e-mail partner with a "cc" to your Instructor. Write about an experience you've had with medication. Your experience can be one you had as a Direct Care Worker on the job or one you have had in your personal life.

For example, you may have been a witness to someone administering a medication the wrong way. In your personal life you may have had an allergic reaction to a medication and had to convince the doctor to change your prescription.

Edit your work. Use complete sentences. Check to see if your subjects and verbs agree. Do your ideas flow in a logical order? Use the checklists from previous units to make sure your work is correct. Use the All-In-One Spell-Check to check your spelling before sending the message.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A copy of the e-mail message to your e-mail partner

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 51

Writing Medical Notes

Job Context: Writing Medical Notes

Communication Skills: Writing Skills

Objectives:

- distinguish between significant and irrelevant information
- relay accurate, precise information in writing
- use technical vocabulary correctly
- use correct spelling, sentence structure, and verb form

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit you will practice writing a medical note on a situation you observe on videotape.

Description of Videotape Materials

The videotape segment shows a Direct Care Worker, Mike, talking to an individual, Clifford, who came back to his group home with an injured foot.

The videotape for this unit is on Tape #1 and is labeled Segment 13[1]. It begins at 1:48:35 and ends at 1:55:02. The words "End of Segment 13" appear when the segment is over. This is the last segment on Tape #1.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 6, Unit 51). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Before watching the videotape, think about the kinds of information that would be important to include in a medical note. On a sheet of looseleaf paper, make a list of the important information you would put in a note.

Learning Activity 2

1. View Segment 13. What was mentioned in the tape that would be important to include in a medical note? Make a list of the important information.

2. View Segment 13 a second time. Add to your list any additional information that would be important to include in a medical note.

3. View Segment 13 a third time. As you view, add to your list any important information that you missed on the first and second viewing.

4. Now turn to Supplement 1 at the end of this unit. Supplement 1 is a list of the important information that would go in a medical note. Check off the points that are also on your list. Add any information you missed to your list.

5. Now that you have a complete list, you may wish to view the videotape a fourth time.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 3

Use your list from Learning Activity 2 to write a medical note. Write the medical note using the All-In-One system. Before e-mailing your medical note to your Instructor, be sure to edit and spell-check your work.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Notes from Learning Activity 1
- Supplement from Learning Activity 2

Send by e-mail

- Medical note from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 6, UNIT 51

Supplement

Important Information for Medical Note

Videotape #1, Segment 13

Check if
included in
your list

__________ Right foot more swollen than left foot

__________ Mike checks for injury -- compares injured foot to other foot (NOTE: Mike -- Direct Care Worker; Clifford -- individual; John may be the nurse)

__________ Mike calls John

__________ Mike tells Clifford to stay home tonight

__________ Clifford says his foot hurts at the ankle

__________ Foot is not discolored

__________ Clifford walks with a limp

__________ Right ankle puffy

__________ Mike observes that Clifford doesn't look like he's in a lot of pain

__________ Will soak legs in water and epsom salts

__________ Will keep Clifford home from program tomorrow to be examined by John

__________ John may want to take Clifford to be x-rayed depending on the results of his examination

__________ Clifford says he fell down steps and hit his leg by the gas station last night. (NOTE: Accept anything you've written that is similar to this. Clifford's voice on the tape is hard to understand. This translation may not be completely accurate.)

__________ Clifford walked around all day on injured ankle.

NOTE: There are two things that were said by staff workers on the tape that are interpretations and shouldn't go in a medical note.

1. A staff person says, "That's what happened when I sprained my ankle." Writing that Clifford sprained his ankle would be making an interpretation. Instead, write what you observed: Clifford's ankle is swollen, he limps when he walks, his foot hurts.

2. Mike says, "Probably got swollen by walking around all day." In your notes you can say that Clifford walked around all day on his injured ankle but you cannot draw the conclusion that Mike stated above.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 52

Vocabulary Review and Documenting Symptoms

Job Context: Writing Medical Notes

Communication Skills: Writing Skills, Development of Technical Vocabulary

Objectives:

- relay accurate, precise information in writing
- review technical vocabulary
- recognize pertinent information
- understanding vocabulary from context

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will review medical terms that you may find or use in medical notes. In addition, you will review how to document specific observable physical symptoms. You will be writing precise descriptions. You will be using descriptive words to convey an accurate picture.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 6, Unit 52). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplementing this unit is a list of medical terms. Review these terms. Answer the questions on the worksheet that follows.

Learning Activity 2

Are any of these medical terms ones that you come across often in your work or that you want to make part of your writing vocabulary? If so, make a word card for those words and include them in your word box. As you continue working on the units in this Theme Area, make a word card for the medical terms you want to learn better. Try to figure out the word by reading the sentences that come before and after the word in the text. Use your dictionary to check the meaning.

Learning Activity 3

Supplement 2 is a chart listing a number of symptoms that your individuals may have. You are given the definition and what to document for each symptom. The important thing to remember is to document in detail what you observe without interpretation. For example, if an individual appears to be in a coma, your medical notes should **not** say, "John was found in a coma." Instead, describe the symptoms: "John cannot be awakened. He has no blink reflex."

Study Supplement 2. Then answer the questions on the worksheet that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your answer sheet for Learning Activities 1 and 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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Theme Area 6, Unit 52
Supplement I

MEDICAL TERMS

MEDICATION THERAPY

Treatment by use of substances that cure, prevent, or help relieve symptoms of disease.

GENERIC NAME

A simplified version of the chemical name.

BRAND/TRADE NAME

The name given the drug by the manufacturer.

LOCAL ACTION

The effects of the medication are limited to the sight of the application.

SYSTEMIC/GENERAL ACTION

The effects of the medication will be carried throughout the body by the bloodstream.

ENTERIC COATED TABLET

Coating that prevents the medication from being dissolved until it is in the intestines. NEVER CRUSH THESE TABLETS.

TIME RELEASE CAPSULE

Allows the medication effects to continue at the same level over a long period of time, usually 12 - 24 hours. NEVER CRUSH OR OPEN THESE CAPSULES.

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DESIRED EFFECT

The medication is working as expected.

SIDE EFFECT

Effects of medication other than the desired effect for which the medication is given. May be harmful, beneficial or neutral.

TOXIC EFFECT

Blood level of medication is too high.

ALLERGIC REACTION

A response to a medication that can be immediate and life-threatening or delayed and slow to appear.

OBJECTIVE SYMPTOMS

The changes or symptoms a staff person can detect through observation.

SUBJECTIVE SYMPTOMS

The changes or symptoms which are experienced only by the person.

STOP DATE

Date when doctor's order runs out. Most medications are ordered for 28 days. Always found on the medication sheet. Also know as D/C date.

EXPIRATION DATE

Date on the medication package which indicates it is no longer potent or useful.

NURSING IMPLICATION

Important information regarding administration of a medication, observations of effects or side effects, or specific care of an individual while on a given medication.

From: Fingerlakes DDSO (Monroe DDSO) Medication Course

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THEME AREA 6, UNIT 52

Learning Activity 1

Worksheet

1. What would be an example of a medication therapy?

2. Think of a product you use at work. Write its brand or trade name.

3. What does systemic mean? (use your own words)

4. What type of capsule or tablet should never be crushed?

5. What would be an example of a side effect?

6. The words "objective," "subjective," and "implication" are also used in non-medical language. What do you think these words mean from the context? Look up the meaning in your dictionary.

SYMPTOM	DEFINITION	WHAT TO DOCUMENT
Behavior	Any behavior that is out of the ordinary for the individual e.g. crying, assaultiveness, excessive rocking or rolling, etc.	Describe behavior
Bruise		Where; How large; How did it occur; When; color
Chills	Involuntary shivering	How long; Temperature
Cold Extremities	Hands and feet cold	Note color of skin. Wet or dry; temperature to touch.
Cold Symptoms	Sneezing, sore throat, "runny" nose	Note each symptom
Coma	Cannot be awakened; no blink reflex.	Note all symptoms
Complains of	The subjective symptoms here are what the patient says.	Chart exactly as told by the patient (no interpretation). What was done in response.

SPECIFIC OBSERVABLE PHYSICAL SYMPTOMS

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SYMPTOM	DEFINITION	WHAT TO DOCUMENT
Constipation	Difficulty in passing stool, or absence of stool.	
Coughing		Describe cough, e.g., dry, productive, unproductive, or appearance of sputum.
Cuts		How did injury occur; size, bleeding or oozing; treatment; location
Cyanosis	Bluish color to skin, especially lips and fingertips	Note color of skin and where; any obvious causes; duration.
Degree of Consciousness	Ability of patient to respond to others. Awareness of others.	Note observations
Diarrhea	Loose, watery, frequent bowel movements.	Describe color and consistency of stool. How often; amount
Distension of Abdomen	Enlargement of abdomen often due to constipation, gas or retention of fluids.	Note observations, appetite; list B.M.

SPECIFIC OBSERVABLE PHYSICAL SYMPTOMS

BEST COPY AVAILABLE

SYMPTOM	DEFINITION	WHAT TO DOCUMENT
Dryness of skin and/or mouth		Note symptom
Edema/Swelling	Swelling of hands, feet, face, etc., due to a collection of fluids in the tissues.	Note symptoms, color; temperature to touch; measurement, if possible
Excessive Perspiration		Note symptom. When; preceding activity; time of last meal; time of medication.
Fainting	Loss of consciousness. Individual unable to respond to others. May fall to floor.	Describe how incident occurred. Were there any injuries as person fell? How long unconscious; color, vital signs.
Flushed	Warm, red skin coloring	Note symptom; preceding activity.
Gait	Way of walking (i.e. steady, unsteady, staggering, etc).	Describe symptoms; vital signs.
Heat	Excessive warmth of some area of body.	Describe location and other symptoms, color, swelling.

SPECIFIC OBSERVABLE PHYSICAL SYMPTOMS

SYMPTOM	DEFINITION	WHAT TO DOCUMENT
Itchiness	Scratching	Where; rash
Muscle Rigidity or Atrophy	Stiffness in muscles or wasting away of muscles, causing shrinkage in size of limb.	Where; Is there any movement at all; Change in size; measurement.
Nose Bleed		How long; amount; treatment; preceding activity; blood pressure.
Pallor	Paleness of skin color	Note symptom
Rash	Red or pinkish color of skin	Where; heat; any other symptoms
Rapid, shallow Breathing		Note symptom; vital signs
Slow, labored Breathing		Note symptom; vital signs

SPECIFIC OBSERVABLE PHYSICAL SYMPTOMS

SYMPTOM	DEFINITION	WHAT TO DOCUMENT
Seizures	Convulsion. (Violent involuntary contraction or spasm of the muscles)	Describe each symptom, before, during and after seizure. Treatment; any injuries; duration; complete N-33; vital signs; preceding activity.
Shock	Disorder of circulatory system. Characterized by low blood pressure, weak and rapid pulse, and often unconsciousness.	Note each symptom; temperature, BP, pulse, respirations, ability to respond position of eyes; treatment.
Tremors	Shaking	Where
Unequal Pupils	Pupils of eyes are not the same size.	Note symptom; which eye
Vomiting		Describe appearance, e.g. color, consistency, amount and note time.

From: Finger Lakes DDSO (Newark DDSO) Document Resource Book

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SPECIFIC OBSERVABLE PHYSICAL SYMPTOMS

THEME AREA 6, UNIT 52

Learning Activity 3

Worksheet

Pick five of the symptoms on the list in Supplement 2. Pretend you observe an individual with each symptom. How would you describe the symptoms in your reports or notes? Write a description for each of the symptoms you picked.

For example:

Chills
Bill was found shivering at 11 PM. He was holding his head tightly across his body and his teeth were chattering. He did not seem to be able to stop. It was not clear how long he was shivering. He seemed okay the last time a staff member observed him at 10:30 PM. He continued shivering for 45 minutes. An oral temperature, taken at 11:15, was 97.6.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 53

Reading Medication Labels

Job Context: Knowledge of Types of Medications

Communication Skills: Following Directions; Reading Comprehension

Objectives:
- follow directions
- review medication labels
- practice locating information on medications

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

This unit provides practice reading medication labels.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 6, Unit 53). Head each part of your written work with the Learning Activity number so that your Instructor will know which part of this unit it applies to.

Learning Activity 1

Supplementing this unit is a sample medication label. Read this label. After reading it once, read it a second time. Underline the information in the label that would be important to remember when you are giving this medication to an individual in your care.

Answer the questions on the worksheet provided in the supplement section.

Learning Activity 2

Choose a medication from your worksite or from your own medicine cabinet at home (other than acetaminophen). On a sheet of looseleaf paper write the market name and description of the medication you have chosen. Then answer the same five questions you answered for Learning Activity 1 for the medication you have chosen.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1
- The answers to the questions about the medication you chose for Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over, you may want to take time to review and check your work.

SAMPLE MEDICATION LABEL

FRONT: MARKET NAME

sealed with
printed foil
under cap for
your protection

PAIN RELIEVER
Without Aspirin
(ACETAMINOPHEN)
100 Tablets, 325 MG., (5GR.) Each

BACK:

This product provides temporary relief of simple headache, minor muscular aches, the aches and pains associated with bursitis, neuralgia, sprains, overexertion, menstrual cramps, and from the discomfort of fever due to colds and "flu". Also for temporary relief of minor aches and pains of arthritis and rheumatism. (Caution: If pain persists for more than 10 days, or redness is present, or in arthritic or rheumatic conditions affecting children under 12 years of age, consult a physician immediately.)

This product contains no aspirin; therefore, it is unlikely to cause stomach upset or gastric irritation associated with aspirin and aspirin compounds. It may be safely used by persons with peptic ulcer when taken as directed for recommended conditions. It is not likely to cause a reaction in those who are allergic to aspirin.

DOSAGE: Adults 1 to 2 tablets 3 or 4 times daily. Children (6-12) 1/2 to 1 tablet 3 or 4 times daily. Do not give to children under 6 years of age or use for more than 10 days unless directed by a physician.

WARNING: KEEP THIS AND ALL MEDICINES OUT OF THE REACH OF CHILDREN. IN CASE OF ACCIDENTAL OVERDOSE, CONTACT A PHYSICIAN IMMEDIATELY. AS WITH ANY DRUG, IF YOU ARE PREGNANT OR NURSING A BABY, SEEK THE ADVICE OF A HEALTH PROFESSIONAL BEFORE USING THIS PRODUCT.

ACTIVE INGREDIENT: 325 mg Acetaminophen. 9C026
EXP02/93

Distributed by the Super Market Company, Inc.
Any City, NY 00000

From: Finger Lakes DDSO (Monroe DDSO) Medication Course

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Refer to the sample medication label and answer the following:

a. What is this medication and for what condition would it be taken?

____

b. The directions for its use are:

____

____

c. List at least five medical conditions when this product should not be used except under the advice and supervision of a physician.

____

____

____

d. List additional warnings:

____

____

____

____

____

____

e. Except under the advice and supervision of a physician, this medication should not be taken by a person who is ______________

____

From: Finger Lakes DDSO (Monroe DDSO) Medication Course

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 54

Administering Medication

Job Context: Medication Administration

Communication Skills: Following Directions; Writing Skills

Objectives:
- follow directions
- practice writing skills
- assess correctness of work

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will view a Direct Care Worker administering medications and review the steps involved in med-administration.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker administering medications. The segment is 15 minutes long. The segment is on Videotape #2.

and is labeled Segment 14[1]. It begins at 00:00:30 and ends at 00:15:36.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 6, Unit 54). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Have you had any experience administering medication? If you have, write a few paragraphs about your experiences on a sheet of looseleaf paper. What are the steps that are necessary to follow when administering medication? If you know these steps, make a list of the steps on a second sheet of paper.

Learning Activity 2

View segment 14. Label a sheet of paper "Steps to Follow in Administering Medication." As you view the videotape a second time, list the steps the Direct Care Worker follows when administering medications. Stop the tape, rewind, and review as often as necessary to get the information you need.

Continue viewing and adding to your list until you get to the point where the Direct Care Worker is administering medication to the fourth individual (the first female individual) located at 00:11:11.

Learning Activity 3

Fast forward the tape to 00:11:11 and view to the end of the Segment at 15:36. On another sheet of looseleaf paper, list the steps the Direct Care Worker follows when she finishes administering the medication.

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New Yoek State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 4

As a supplement to this section is a list of the steps the Direct Care Worker follows when administering medications. Check this list against your own list. How many of the steps did you include? Put a check mark on the supplement next to all of the steps that are included in your list. If you wish, you can view the videotape again to find the steps that you missed.

Learning Activity 5

Is there anything the Direct Care Worker does on this tape that is unsafe or that you would have done differently? For example, at the beginning of the tape the Direct Care worker leaves some medication on the desk while putting the blister pack away in the closet located at the other end of the room. It appears that the medication on the desk is unguarded for this short period of time. Is this a problem? From your experience, is there anything in the tape that was done incorrectly or could be improved? On a sheet of looseleaf paper, write a paragraph or two about this.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activities 1, 2, 3, and 5
- Your Worksheet from Learning Activity 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 6, UNIT 54

Supplement

Steps for Medication Administration on Segment 14

Check the steps that are included in your list.

______ Unlocks small cabinet

______ Takes out medication -- controlled drugs

______ Takes out bowl

______ Writes in controlled drug log -- date, time, signature

______ Puts medication in bowl

______ Writes in log

______ Puts controlled medication back in small cabinet

______ Locks cabinet

______ Writes in log

______ Takes out purple log book

______ Takes out basket with medications

______ Checks records in purple log book

_____ Crushes pills

_____ Puts medication in paper cup

_____ Adds applesauce to cup

_____ Calls for individual, Eddie, and administers medication

_____ Prepares medication for Andrew (off screen -- can't see)

_____ Gives medication to Andrew

_____ Checks chart for next individual

_____ Takes out blister pack of medication

_____ Writes on chart

_____ Writes on blister pack

_____ Puts pill in cup

_____ Calls for individual, Roberto, and administers medication

_____ Puts lotion on hands (washes hands?)

_____ Gives medication to female individual (did not see preparation on screen)

Steps Taken When Finished Administering Meds

_____ Wipes out bowl

_____ Puts medications away

_____ Locks cabinet

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	Function RESIDENTIAL SERVICES			
	Subject HEALTH AND NURSING SERVICES			
ISSUING UNIT/DEPT./DISCIPLINE/SERVICE: NURSING	Topic ADMINISTRATION OF ORAL MEDICATION			
REFERENCES:				

POLICY:

Oral medications shall be administered by accepted standards accepted Nursing and Pharmacy guidelines. In all cases the Primary RN will be the responsible person for all issues concerning medication administration.

SPECIAL NOTES:

1. measured doses exactly using proper measuring apparatus, (i.e. graduates cup, medicine dropper).
2. Always check with Unit Supervisor, RN, Communication Log for delays, changes or omission s of medications.
3. Administer oral iron preparations and iron solutions with a straw or dropper and/or dilute with water or fruit juice to prevent staining the teeth.
4. Refused and/or unused medicine which has been removed from its original package or container shall not be returned to that package or container. All controlled medication shall be returned to the Pharmacy. Any schedule II controlled substances that is discontinued will be returned to the pharmacy, immediately, during regular pharmacy hours or as soon as pharmacy reopens. All non-controlled medications shall be discarded according to MDC Policy and Procedure 7.18.33.
5. Medicine cups must be used for one individual and then discarded.
6. Liquids are not to be mixed whether in individuals cups or original containers.
7. Cough syrups and antacids are to be administered last and without dilution.
8. Each individuals taking diuretics shall have weights, taken at consistent times and/or an individual schedule for monitoring his/her potassium blood level as ordered by the physician.
9. Each individual on potassium supplement will have an individual schedule for monitoring his/her blood level as ordered by the physician.

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ISSUING UNIT/DEPT./DISCIPLINE/SERVICE: NURSING	Topic ADMINISTRATION OF ORAL MEDICATIONS			

10. Special instructions such as crush, shake bottle, etc. must be clearly stated on the medication administration sheet as well as on the medication container.

11. Special vehicles to assist medication administration must have a physicians order (i.e. pudding, applesauce, honey, thickened liquids, cakes or other sweets), after consultation with the ITT members.

12. Process for approval of special vehicles to assist with medication administration:

    a. The ITT will meet and recommend the special vehicle to assist with the medication administration.

    b. The physician well order the special vehicle to assist in the medication administration (i.e. applesauce, pudding, honey, thickened liquids, cake or any other vehicle deemed appropriate by the ITT.

    c. The order for these vehicle will appear on, (89K), physicians orders immediately following the statement to discontinue all previous orders. The RN will monitor the medication administration at least monthly when a special vehicle is being used.

    d. The order will be reviewed by the physician and RN on at least monthly basis. The ITT will review the order quarterly.

    e. The RN will document the appropriateness of the vehicle and how the individual accepts their medication on the quarterly nursing summary.

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MONROE DEVELOPMENTAL CENTER
POLICIES
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Page 1 of 4
Item No 7.1.36

Function RESIDENTIAL SERVICES

Subject HEALTH AND NURSING SERVICES

ISSUING UNIT/DEPT./DISCIPLINE/SERVICE: NURSING

Topic ADMINISTRATION OF ORAL MEDICATION
(From Unit Distribution System)

RESPONSIBILITY:

RN, LPN, APPROVED MEDICATION ADMINISTRATION PERSONNEL.

PROCEDURE:

1. Washes hands thoroughly before measuri or preparing medication.

2. Assembles equipment:
   a) medicine cups
   b) measuring equipment
   c) medication book containing Medication and Treatment Record F22

3. Opens medication book to resident's Medication and RX Sheet. Reads individual medication record F22 for interim order, checks Doctors Orde in resident's record.

4. Locates resident's individual medicati cassette.

5. Checks resident's Medication Administr record F223 for any discontinued medic by:

   a) Discontinued written after medicati with date and person.

6. If medication is not available in the medication cassette, notifies Pharmac and/or unit RN; and a Med. 165 must b completed and placed in the resident' cassette.

7. Remove medication label from individu drawer, checking medication lable wit Medication Record F223 using 3 safety checks.
   1) Compares medication label with medication sheet when removing fro drawer.
   2) Compare medication label with medication sheet while placing in
   3) Compares medication label with medication shet before disposing o individual dose package.

8. Pour the accurate dose.

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RESPONSIBILITY:

RN, LPN, APPROVED
MEDICATION ADMINISTRATION
PERSONNEL

PROCEDURE:

9. When a controlled drug is used, note accuracy of count, place unit dose packet in medication cup. Immediately, sign for medicine on Control Drug Administration Count Sheet then check count.

10. a) Shake liquids well, if solute has settled, shake until returned to suspension.

    b) Pour liquid medicine directly into calibrated cup.

    c) Pour liquid medicine from bottle on opposite side of label.

    d) Hold measuring cup at eye level with thumb nail, marking the desired dosa which is read at the lower level of meniscus.

    e) Measure drops (if drops ordered); minims (if minims ordered).

    f) Unit doses are left intact and opened at time of administration.

11. Other instructions for pouring:

    a) Complete administering medications for one resident before administeri for the next resident.

    b) Administer medication not more than one half hour before or after state time of administration.

12. Administration of Poured Medications:

    a) Identify resident and medication by comparing to photograph of resident in the medication book or nursing c plan; or ask unit staff member (RN, LPN, or Supervisor).

OFFICE OF MENTAL RETARDATION/DEV./DISAB.

MONROE DEVELOPMENTAL CENTER
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Function: RESIDENTIAL SERVICES

Subject: HEALTH AND NURSING SERVICES

ISSUING UNIT/DEPT./DISCIPLINE/SERVICE
NURSING

Topic:
ADMINISTRATION OF ORAL MEDICATION
(From Unit Dose Distribution System)

RESPONSIBILITY:	PROCEDURE:
RN, LPN, APPROVED MEDICATION ADMINISTRATION PERSONNEL	12. b) Explain procedure to individual. c) Assist individual to upright position if necessary. d) Check pulse, BP, etc., if indicated. e) Hand medicine and 4-5 ounces of water or thickened liquid to the individual. If indicated, assist individual to take the medicine with the water or thickened liquid. f) Remain with the individual until medicine is swallowed. g) Observe individual for reaction or side effects. h) Leave individual safe and comfortable. Note: Relock all doors of medication cart before administering medications, if leaving cart. 13. Clean up: a) Discard medicine cups in designated area.

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MONROE DEVELOPMENTAL CENTER
POLICIES
AND PROCEDURES MANUAL

ISSUING UNIT:DEPT DISCIPLINE SERVICE
NURSING

Function
RESIDENTIAL SERVICES

Subject
HEALTH AND NURSING SERVICES

Topic
ADMINISTRATION OF ORAL MEDICATION
(From Unit Dose Distribution System)

-Terminating Procedure-

1. Lock medication cart and return it to Treatment Room.
2. Return controlled substances to control wall box.
3. Secure Cart to lock on wall.
4. Return refrigerated drugs and food substance to refrigerator.
5. Clean cart.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 55

Administering Oral Medication

Job Context: Medication Administration

Communication Skills: Following Directions; Reading Comprehension; Vocabulary Development; Dictionary Skills

Objectives:

- follow directions
- review written material on administration of medication
- build technical vocabulary
- practice using the dictionary
- assess correctness of work
- improve observational skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will review the policies and procedures for administering oral medications. It is very important to be able to read and understand written statements about policies and procedures. As a DA, you have many responsibilities for planning and managing individual's daily needs. It is especially critical to understand policies regarding the health needs of individuals.

Learning Activity 1

The Supplement to this unit is a document describing the polices and procedures for the administration of oral medication from the **Finger Lakes (Monroe) Developmental Center Policies and Procedures Manual**. Read the Supplement. Then answer the questions on the worksheet that follows. Use reading strategies such as looking at surrounding words for synonyms or examples and re-reading the sentence to get the main idea. Write your answers in complete sentences. In this Activity, you will be focusing on careful observation.

Learning Activity 2

How many of the steps that are listed in this Supplement were followed correctly by the Direct Care Worker you viewed in the videotape for Unit 54? Look back at the list of steps from the Supplement to Learning Activity 4 of Unit 54. If there were any steps that were not followed by the Direct Care Worker, list them on a sheet of looseleaf paper.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your instructor:

Send by regular mail

- Your worksheet from Learning Activity 1
- Your notes from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 6, UNIT 55

Worksheet

The following words appear in the **Finger Lakes (Monroe) Developmental Center Policies and Procedures Manual for Administration of Oral Medication.** The words in the list are underlined in the document. Use the context (the sentences before and after the word) to try to figure out the word. Then look up the meaning in your dictionary.

1. **apparatus**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

2. **omission**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

3. **dilute**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

4. **consultation**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

5. **vehicle**

What I think means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

6. **interim**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

7. **suspension**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

8. **calibrated**

What I think it means____

____

____

Dictionary meaning____

____

____

My meaning was correct YES______ NO______

9. **meniscus**

What I think it means______________________________

____

____

Dictionary meaning______________________________

____

____

My meaning was correct YES______ NO______

10. **designated**

What I think it means______________________________

____

____

Dictionary meaning______________________________

____

____

My meaning was correct YES______ NO______

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 6

Medications

UNIT 56

Reporting and Managing Medication Errors

Job Context: Medication Administration

Communication Skills: Reading Comprehension

Objectives:
- follow directions
- review written material on medication administration
- review medication regulations
- understand technical vocabulary through the context

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

Although it is the hope that all medications administered to individuals are given correctly and accurately, accidents do occur. Therefore, OMRDD has established procedures for reporting and managing medication errors. This unit will review the procedures to follow when there is a medication error.

Learning Activity

Supplementing this unit is an excerpt from the Finger Lakes (Monroe) DDSO's Policies and Procedures Manual on medication administration errors. Read these regulations and then answer the questions on the worksheet that follows. This Learning Activity asks for your personal opinions or expereinces. Any information you give will be kept confidential.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from the Learning Activity

> This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

<table>
<tr><td rowspan="5">OMRDD
MONROE DDSO
POLICIES AND PROCEDURES MANUAL</td><td>Date Issued
3/1/89(REV)</td><td>T.L.
89-9</td><td>Page
1 of 6</td><td>Item No.
5.1.2</td></tr>
<tr><td colspan="4">Function/Chapter
PROTECTION OF AN INDIVIDUAL WITH DEVELOPMENTAL DISABILITIES</td></tr>
<tr><td colspan="4">Subject
INCIDENTS</td></tr>
<tr><td colspan="4">Policy REPORTING AND MANAGING OF MEDICATION ERRORS</td></tr>
<tr><td colspan="4">Category
N/A</td></tr>
</table>

APPLICABILITY:	STATE OPERATED	X	VOLUNTARY	-----
	All	X	FC	-----
	ICF/DD	-----	Day Tmt	-----
	DC	-----	Other (Specify):	-----
	CR	-----	--------------------	

REFERENCE: 42 CFR 483
14 NYCRR Part 624 Reportable Incidents and Client Abuse
OMRDD 5.1.1 Reporting and Managing Incidents
MDDSO 5.1.1 Reporting and Managing Incidents and Abuse

POLICY:

All medication administration errors will be reported immediately to a physician and be documented in the resident's record.

DEFINITIONS:

A Medication Error is defined as wrong patient, wrong drug, wrong dose, wrong time, wrong transcription, wrong route or an omitted dosage. A Report of Medication Error Form (MDC 233, Attachment A) must be completed whenever a medication error occurs. A progress note shall be entered in the individual's chart indicating the date, time, and error committed.

A medication error is a non-serious reportable incident if an individual exhibits marked adverse effects or his/her health or welfare is in jeopardy. A 147 I Reportable Incident Form must be completed, in addition to the Report of Medication Error Form (MDC 233) and a progress note entered in the individual's chart.

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Policy 5.1.2 (3/89)

A medication error is a serious reportable incident when the individual exhibits marked adverse effects or his/her health or welfare is in jeopardy and the individual is admitted to a hospital for observation or treatment. A 147 I Reportable Incident Form, a Report of Medication Error Form (MDC 233), and a medical progress note entry must be completed. All procedures outlined in Reporting and Managing Incidents and Abuse MDC Policy 5.1.1 will be followed.

Significance of Medication Error

RESPONSIBILITY:	PROCEDURE:
Staff Person Identifying Error	1. Notifies the Registered Nurse (RN).
Registered Nurse (RN)	2. Makes judgement as to the seriousness/significance of the medication error and potential adverse effects.
Staff Person Identifying Error/RN	3. Notifies the physician immediately of all medication errors.
	4. Completes all of Section A, Report of Medication Error Form MDC 233. If the medication error is deemed to be a reportable incident, also completes the OMR 147 I.
	5. Notes in the individual's chart that a medication error has occurred; includes the date, time, type and the physician notified. If a 147 I is also completed, includes the incident number and indicates that a 147 I was completed.
Registered Nurse	6. Determines if the staff person(s) committing the error(s) are to be temporarily prohibited from passing medication. Informs staff person of decision and records on Report of Medication Error form.

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RESPONSIBILITY	PROCEDURE
Registered Nurse	7. Forwards the Report of Medication Error Form (MDC 233)/147 I to Team Leader/Unit Administrator for review.
Team Leader/Unit Administrator	8. Reviews, signs and forwards copy of Report of Medication Error MDC 233 (with a copy of the OMR 147 I, if completed) to the Medication Error Review Subcommittee.
Medication Error Review Subcommittee	9. Reviews medication error and decides corrective actions to be taken.
	10. Records recommendations for corrective action to be taken on MDC 233 Section B and forwards to the RN.
Registered Nurse	11. Provides supervision for corrective action and/or forwards to MRTTL/UA for corrective action as appropriate. (See Monroe DDSO disciplinary policy, Medication Error Guidelines.)
	12. Completes and forwards to Nursing Discipline Head the MDC 233 Section C indicating the corrective action with his/her recommendations regarding medication responsibilities within one month of the original incident.
	13. Informs employee committing the error and residential/program supervisor whether medication responsibilities can be resumed.
Medication Error Review Subcommittee	14. Reviews completed reports. Forwards report to Staff Development and Training to update staff training records.

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RESPONSIBILITY	PROCEDURE
Medication Error Review Subcommittee	15. Compiles and forwards a monthly report to each respective Special Review Committee regarding medication errors and/or issues identified for each service, i.e., Community, Developmental Services.
Special Review Committee	16. Reviews Medication Error monthly report and monitors issues as identified by the Subcommittee.

CRR:cc

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Policy 5.1.2 (3/89)

STAFF INVOLVED NAME	TITLE	REGULAR UNIT	SPECIFY YES (Y) OR NO (N)	
			ON O.T.	SUSPENDED FROM PASSING MEDS

____
Signature R.N. Completing Form Date

____
Signature C.O.S./MRTTL Date

SECTION B: (To be initiated by Special Review Subcommittee)

TO: ______________________ R.N.

FROM: SPECIAL REVIEW SUBCOMMITTEE DATE ______________

CORRECTIVE ACTION RECOMMENDATIONS: (To be completed by Special Review Subcommittee)

1. Supervised practicums
2. Counseling
3. Return to Med. Class
4. OTHER - Explain:

____
Signature (Head Special Review Subcommittee)

cc: Unit Administrator/MRTTL

SECTION C:

TO: NURSING DISCIPLINE COORDINATOR/EDUCATION & TRAINING DEPARTMENT

FROM: ________________________R.N. DATE ______________

Date of Correction Action Completed: ________________________
____

By Whom: ____R.N.

Employee/Supervisor informed can return to medication responsibilities. Date. ________

____
Signature (R.N.)

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Policy 5.1.2 (3/89)

MDC 233

MONROE DDSO

MEDICATION ERROR REPORT

INSTRUCTIONS: A Medication Error Report (MDC 233) must be initiated whenever a medication error occurs.

Section A: Initiated by the RN services the site where the error occurred.
Section B: Initiated by the Special Review Subcommittee.
Section C: Completed by the serving RN responsible for any corrected action.

SECTION A: (To be initiated by serving Registered Nurse)

TO: SPECIAL REVIEW SUBCOMMITTEE

FROM: ________________________, MRTTL, Unit Administrator, PROGRAM DIRECTOR

SUBJECT: MEDICATION ERROR - CLIENT: ________________________

Date of Error: ________________ Unit: ____________________
Time of Error: ________________ 147 Filed ____ NO ____ YES

MD Notified: ____________________, MD Date _________ Time ______

DOCUMENTED IPP NOTES: ____

Type of Error: (Check statement which applies.)

____1. Transcription
____2. Wrong Time
____3. Wrong Dose
____4. Wrong Client
____5. Wrong Route
____6. Omitted Dose
Name of Medication Omitted:
___________ ___________
___________ ___________
___________ ___________

7. Medication Controlled Substance
______ YES ______ NO
If yes, list ______________
8. _______ Significant Error Attached POCA
9. Other (Explain) ____________
____
RN Notified ________________
RN Date _________ Time _____

INCIDENT INFORMATION: (DESCRIPTION OF WHAT HAPPENED?) __________
____
____
____

MEDICAL/NURSING INTERVENTION: ________________________________
____
____
____

FOLLOW-UP RECOMMENDED: (SPECIFY IF NOT ACCOMPLISHED AND WHY) ____
____
____
____

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THEME AREA 6, UNIT 56

Supplement

Worksheet

1. Have you experienced a medication error on the job or in your personal life? If so, describe what category of error it was.

2. What is the difference between a medication error that is a **Non-Serious Reportable Incident** and one that is a **Serious Reportable Incident?** Give examples of both.

3. What is the responsibility of the person identifying the error?

4. What forms have to be filled out for a medication error?

5. What are some steps staff can take to prevent medication errors from occurring?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 7

Communicating and Connecting with Individuals

UNIT 57

Who Are These Individuals?

Job Context: Communicating and Connecting with Individuals

Communication Skills: Summarizing Concepts; Writing Skills; Demonstrating Understanding and Empathy; Problem-Solving Skills

Objectives:
- summarize main ideas of oral presentation
- demonstrate understanding and empathy
- recognize individuals as people
- improve writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will view a videotape segment in which two people talk about being Direct Care Workers and their feelings about the individuals they work with.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of two Direct Care Workers, Gabby and Mike, talking about how they feel about direct care work and the individuals they work with. The segment is on Videotape #2, and is labeled Segment 15[1]. It begins at 00:15:42 and ends at 00:27:46.

Learning Activity

Review the worksheet that is a Supplement to this unit. These are the questions you will be answering after you view the video segment. View Segment 14, then answer the questions on the worksheet. Use complete sentences. Feel free to review parts of the videotape segment as much as you need to when answering the questions. This Learning Activity asks for your personal opinions or experiences. Any information you give will be kept confidential.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New Yrok State Office of Mental Retardation and Developmental Disabilities.

THEME AREA 7, UNIT 57

Supplement

Questions for Videotape #2, Segment 15

Write your answers on a separate piece of paper.

1. Summarize the most important points in Gabby's interview.

2. Summarize the most important points in Mike's interview.

3. Gabby talks about what he likes about being a Direct Care Worker: that the individuals he works with need someone, give love back, and become his friends as well as his work. Do you agree with Gabby? What do you like most about being a Direct Care Worker?

4. What are the things that you dislike about being a Direct Care Worker?

5. Gabby says that he gave a lot of extra time and money to the individuals he works with because the state doesn't take care of them adequately. How do you feel about this?

6. Gabby concludes his interview by saying, "They don't belong to the state anymore. This is my kid. You emotionally adopt them." Do you feel that way about the individuals in your care? Explain.

7. Mike says that one of his greatest joys is seeing the individuals he works with succeed and "move on." Have you had any experience observing the progress of an individual? If so, describe that person's progress.

8. The woman who is interviewing Gabby tells him that the term "client" is out now, that he should try to say "kids" or "people with developmental disabilities." The individuals Gabby works with are children but sometimes people incorrectly use the term "kids" to refer to adults.

   Do you think the interviewer was right to make an issue of this? What term do you use to describe the individuals you work with? Why do you use this term? Is there another term you might prefer or that would be more appropriate?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 7

Communicating and Connecting with Individuals

UNIT 58

Rights of Individuals

Job Context: Ethics

Communication Skills: Summarizing Concepts; Writing Skills; Demonstrating Understanding and Empathy; Problem-Solving Skills

Objectives:
- summarize main ideas of oral presentation
- demonstrate understanding and empathy
- recognize individuals as people
- improve writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will think about some important questions about the rights of individuals.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Joe, overseeing a smoking session with some of the individuals he works with. You may have previously viewed this tape as part of the teleconference.

There are three sections in this segment. The first section shows the individuals smoking. The second and third sections are of an interview that was conducted with Joe about his feelings concerning individuals who smoke. The segment is on Videotape #2, and is labeled Segment 16[1]. It begins at 00:27:50 and ends at 00:33:20. The smoking session begins at 00:27:56 and ends at 00:31:43. The interview begins at 00:31:45 and ends at 00:33:16.

Learning Activities

All of the Learning Activities for this unit should be done on the All-In-One e-mail system. E-mail your work for each of the Learning Activities to your Instructor. Head each section of your e-mail message with the Learning Activity number it refers to so your Instructor will know what part of the unit you are working on. Edit your work and spell-check your writing before sending it. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

View the first videotape section which shows Joe and the individuals in his care smoking. In a paragraph, summarize what is happening in this section. You can re-view this section as many times as you need to write your summary.

Learning Activity 2

How is smoking handled at your site? In a paragraph or two describe this in your message.

Learning Activity 3

View the second section of the videotape where Joe is being interviewed about his feelings concerning individuals who smoke and then answer the following questions. Review the videotape as often as you need to when answering the questions.

1. How does Joe justify smoking?

2. Do you agree or disagree with Joe? Why?

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

3. What about someone who comes into the OMRDD system as a child? When he or she gets to be an adult how does he or she become aware of this privilege? Should he or she be made aware?

Learning Activity 4

What other privileges can you think of, similar to this one, that individuals would have in the outside world as their legal right but that may be discouraged in an institution?

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your work from Learning Activities 1, 2, 3, and 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 7

Communicating and Connecting with Individuals

UNIT 59

System-Centered Vs. Person-Centered Approaches

Job Context: Communicating and Connecting with Individuals

Communication Skills: Reading Comprehension; Problem-Solving Skills

Objectives:
- recognize individuals as people
- review written material on sensitivity training
- apply training material to practice

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review material on a person-centered approach to providing supports and services to people with disabilities. You will be using the reading comprehension skills of comparing and contrasting information and making inferences based on given facts.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 7, Unit 59). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

What do you think is meant by a person-centered approach to providing supports and services to people with disabilities? List your ideas on a piece of looseleaf paper. Can you think of any examples of a person-centered approach being used at your worksite? If so, add them to your list.

Learning Activity 2

As a supplement to this unit is an excerpt from the **Core Service Coordination Training Guide** on "A Person-Centered Approach: Consumer Choice." Read the Supplement. Then answer the questions on the worksheet that follows.

Learning Activity 3

Now that you have read about person-centered approaches, go back to the list you developed in Learning Activity 1. Put a check mark next to all of your ideas of what you thought a person-centered approach would be that were correct. Put an "x" next to those ideas that were not accurate. Can you think of additional examples of person-centered approaches? If so, add these to your list.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your lists from Learning Activity 1
- Your worksheet from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

FROM SYSTEM-CENTERED	➡	PERSON-CENTERED
"The retarded" "Disabled woman" "The handicapped population"	➡	People with retardation Woman with a disability People with disabilities
Beds Slots Residential Placements	➡	A sense of home Home ownership or tenancy
Formal services	➡	Natural or social support
"Clients"	➡	People / Citizens
Focus on weakness/deficits	➡	Focus on strengths
"Power-over"	➡	"Power-with"
Profitable Deficiencies Systems benefit: More deficiencies = More money	➡	Valuable capacities We need to bend way back to recapture people's capacities
"Do *to*"	➡	"Do *with*"
Compliance & Obedience	➡	Self-Reliance

Adapted from Beth Mount (1994)

PERSON CENTERED PLANNING
AND
PERSON CENTERED APPROACH
?

What's the difference?

The term **"person centered planning"** refers to specific models of planning in which the person with disabilities is in the center of the process:

> "... This planning process begins with the individual and focuses on developing personal relationships, positive roles in the community, and skills for self-empowerment. It provides the means for individuals to gain control over their own lives and ensures the development of skills to achieve these goals."
>
> "A group committed to the person with a disability joins together with the person to take action so that changes will be accomplished by recognizing and valuing the dreams and desires of the person. There is respect for the individual with expectations that the person will be viewed and included as a valued member in his or her community." Warren, 1993

Shouldn't everyone have person centered planning?

The work of Beth Mount, Michael Smull, Judith Snow and others are planning models that represent fundamental change across the field of developmental disabilities. Any kind of change takes a long time to evolve; person-centered planning itself, by definition, is a time-intensive process:

> "... Formal person-centered planning is desirable for all people and should be provided whenever feasible. However it is unrealistic to expect that the full formal approach can be implemented immediately for everyone currently receiving or in need of services. We therefore recommend that all program models and services adopt a **person-centered approach** in their planning and delivery of supports and services. This is viewed as an achievable and desirable goal..." Schwartz, 1993.

So, what is a person centered approach?

In June of 1994, the Commissioner's Task Force on Person Centered Planning developed the following "Hallmarks of a Person Centered Approach:"

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HALLMARKS OF A PERSON CENTERED APPROACH

- ★ The person's activities, services and supports are based upon his or her dreams, interests, preferences, strengths, and capacities.
- ★ The person and people important to him or her are included in lifestyle planning, and have the opportunity to exercise control and make informed decisions.
- ★ The person has meaningful choices, with decisions based on his or her experiences.
- ★ The person uses, when possible, natural and community supports.
- ★ Activities, supports, and services foster personal relationships, community inclusion, dignity, and respect.
- ★ The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints.
- ★ Planning is collaborative, recurring, and involves an ongoing commitment to the person.
- ★ The person is satisfied with his or her activities, supports, and services.

Schwartz, Allen, Warren & Rossi: NYS OMRDD/PPSD, 1994

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THEME AREA 7, UNIT 59

Supplement

Learning Activity 2

Questions

Do the following statements use system-centered or person-centered language? Circle SC if the language is system-centered, PC if it is person-centered. In the space provided, explain why you chose the answer that you did.

1. The retarded woman wasn't able to complete the puzzle. SC PC

____

____

____

2. I work in the home of three people with developmental disabilities. SC PC

____

____

____

3. I plan to take John to the store. SC PC

____

____

____

4. The man who was blind needed help crossing the street. SC PC

5. Mary will decide which of the two evening activities she will participate in. SC PC

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 7

Communicating and Connecting with Individuals

UNIT 60

Change and How It Affects You

Job Context: Communicating and Connecting with Individuals

Communication Skills: Writing Skills; Reading Comprehension; Demonstrating Understanding and Empathy; Problem-Solving Skills

Objectives:

- demonstrate understanding and empathy in writing
- recognize individuals as people
- review written material on sensitivity training
- improve writing skills
- apply training material to practice
- expand vocabulary
- interface with e-mail

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

Many of the materials that you are reading for this theme area concern change. In this unit you will explore the concept of change further and think about how it affects you as a Direct Care Worker and as a person.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 7, Unit 60). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Vocabulary Review

The following words appear in the Supplement to this unit. Look up the words in your dictionary and write the meaning in the space provided.

Paradigm: ______________________________

____

____

Terrain: ______________________________

____

____

Embrace: ______________________________

____

____

Deceptive: ______________________________

____

____

Boundaries:

Fluency:

Ambiguity:

Learning Activity 2

Supplement 1 is a quote from Jean Ann Summers, a mother of a child with disabilities. Read this quotation. Reread it as many times as you need for complete understanding.

Ms. Summers asks two important questions. Write an e-mail message to your Instructor giving your answer to the first question: "If the family and/or person are supposed to be in charge, then what, precisely, is the role of the professionals on the team?" How do you see your role as a Direct Care Worker when the family and/or person is in charge?

Be sure to edit and spell-check your work before sending it to your Instructor.

Learning Activity 3

Supplement 2 is a chart showing the process of change. Study this chart. Think of something that has happened in your own life where you made a big change. In an e-mail message to your e-mail partner with a copy to your instructor describe your process of change for that event using the steps outlined on this chart.

Be sure to edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your answers to the questions in Learning Activity 2
- Your description of a change event in your own life for Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

BIG CHANGES

"... paradigm shifts are like earthquakes. Once a quake is over, we can adjust to, and even enjoy, the new terrain, But while everything is in motion, we can be pretty uncomfortable. Similarly, there are numerous questions, uncertainties, and even anxieties being voiced by everyone on the decision making team who wants to embrace the family-centered paradigm. It looked great over on the other side, but while the paradigm is shifting, everybody is on shaky footing. The questions raised during the paradigm shift are deceptively simple: **If the family and/or person are supposed to be in charge, then what, precisely, is the role of the professionals on the team? Similarly, if a person with a disability is supposed to grow up to take care of their own life and live independently in the community, then what is the role of the family, and how does it change over time?"**

Jean Ann Summers

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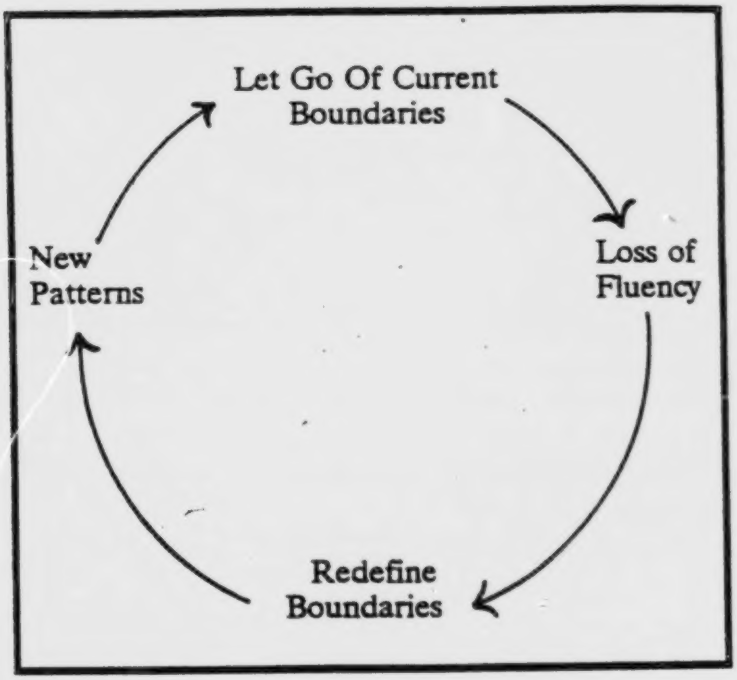
THE PROCESS OF CHANGE


Let Go Of Current Boundaries
Loss of Fluency
Redefine Boundaries
New Patterns

Step #1: Let go of the old: (Let go of current boundaries)

Step #2: Willingness to deal with ambiguity: (Loss of fluency)

Step #3 Finding New Meanings: (Redefine Boundaries)

Step #4: New Actions: (New Patterns)

Adapted from O'Brien & O'Brien, 1991

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 7

Communicating and Connecting with Individuals

UNIT 61

Guidelines for Writing about People Wtih Disabilities

Job Context: Communicating and Connecting with Individuals

Communication Skills: Summarizing Concepts; Writing Skills; Reading Comprehension

Objectives:
- summarize main ideas
- recognize individuals as people
- review written material on sensitivity to individuals
- improve writing skills
- apply training material to practice
- skim and scan textual material
- locate detail in textual material
- paraphrase technical material

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review the **Guidelines for Reporting and Writing About People with Disabilities.** This Guideline can be used as a reference tool when you are writing on the job.

Learning Activity 1

As a supplement to this unit is a booklet entitled **Guidelines for Reporting and Writing about People with Disabilities**. Study this booklet. Then answer the question on the worksheet that follows. Increase comprehension by using previewing prior to reading the whole booklet. Read the dark print and first sentence or two in each item to get the main ideas, then go back and read the entire booklet.

Learning Activity 2

Supplement 2 is an excerpt from a training manual on behavior change. The authors follow item #5 on your **Guidelines for Reporting and Writing about People with Disabilities** in their writing: Put people first, not their disabilities.

Skim Supplement 2. Circle all the instances where the authors put people first in their writing. For example, in the paragraph on Neurological Factors, line 2, the authors write "individuals with developmental disabilities". Practice putting technical information into your own words (paraphrasing). Pick three of the sentences you circled and write the meanings of these sentences in your own words. Write your sentences on the bottom of the page on which the sentence is found in the text..

Please note that this piece is written in a technical style. There may be vocabulary and concepts that you don't understand. Don't let that throw you. Having a complete understanding of Supplement 2 is not important for this Learning Activity.

WHEN YOU HAVE COMPLETED THIS UNIT:

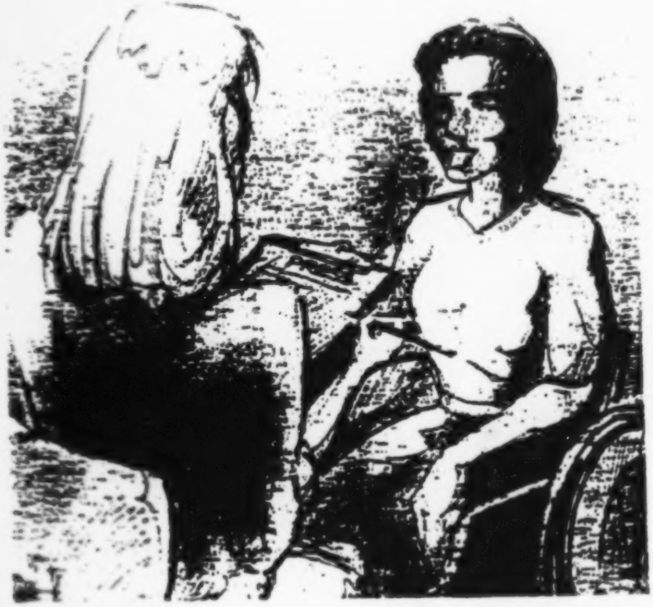
Send the following to your Instructor:

Send by regular mail

- The worksheet from Learning Activity 1
- The complete text of Supplement 2 with your circled words

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Guidelines for Reporting and Writing about People with Disabilities



Fourth Edition, 1993

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Introduction

As professional communicators, educators, and human service providers, you are in a unique position to shape the public image of people with disabilities. The words and images you use can create a straightforward, positive view of people with disabilities or an insensitive portrayal that reinforces common myths and is a form of discrimination.

Here is a set of clear *Guidelines* to help you make better choices in terms of language and portrayal. The *Guidelines* explain preferred terminology and offer suggestions for appropriate ways to describe people with disabilities. They reflect input from over 100 national disability organizations and have been reviewed and endorsed by media and disability experts throughout the country. Although opinions differ on some terms, the *Guidelines* represent the current consensus among disability organizations. Portions of the *Guidelines* have been adopted into the Associated Press Stylebook, a basic reference for professional journalists.

Please use the *Guidelines* when you write or report about people with disabilities. If you would like more information, additional copies of the *Guidelines* or an attractive 14 x 20 poster of disability writing style "do's" and "don'ts," contact: Research and Training Center on Independent Living, 4089 Dole Bldg., University of Kansas, Lawrence KS 66045. You can also phone: 913-864-4095 (voice/TDD) or fax (864-5063).

The *Guidelines* are also listed in our free catalogue.

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RESEARCH AND TRAINING CENTER
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The Research
& Training
Center on
Independent
Living

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Portrayal Issues

Please consider the following when writing about people with disabilities:

1. **Do not focus on a disability** unless it is crucial to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital impairments, or severe injury. Focus instead on issues that affect the quality of life for those same individuals, such as accessible transportation, housing, affordable health care, employment opportunities, and discrimination.

2. **Do not portray successful people with disabilities as superhuman.** Even though the public may admire superachievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve at this level.

3. **Do not sensationalize a disability** by saying afflicted with, crippled with, suffers from, victim of, and so on. Instead, say *person who has multiple sclerosis or man who had polio.*

4. **Do not use generic labels** for disability groups, such as "the retarded," "the deaf." Emphasize people not labels. Say *people with mental retardation or people who are deaf.*

5. **Put people first**, not their disability. Say *woman with arthritis, children who are deaf, people with disabilities.* This puts the focus on the individual, not the particular functional limitation. Because of editorial pressures to be succinct, we know it is not always possible to put people first. If the portrayal is positive and accurate, consider the following variations: disabled citizens, non-disabled people, wheelchair-user, deaf girl, paralyzed child, and so on. Crippled, deformed, suffers from, victim of, the retarded, infirm, etc. are never acceptable under any circumstances.

6. **Emphasize abilities** not limitations. For example: *uses a wheelchair/braces, walks with crutches,* rather than confined to a wheelchair, wheelchair-bound, or is crippled. Similarly, do not use emotional descriptors such as unfortunate, pitiful, and so forth.

Disability groups also strongly object to using euphemisms to describe disabilities. Some blind advocates dislike partially sighted, because it implies avoiding acceptance of blindness. Terms such as handicapable, mentally different, physically inconvenienced, and physically challenged are considered condescending. They reinforce the idea that disabilities cannot be dealt with upfront.

7. **Do not imply disease** when discussing disabilities that result from a prior disease episode. People who had polio and experience after effects years later have a *postpolio disability.* They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g., person with spina bifida or cerebral palsy). Reference to disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson's disease, or multiple sclerosis. People with

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disabilities should **never** be referred to as patients or cases unless their relationship with their doctor is under discussion.

8. **Show people with disabilities as active** participants of society. Portraying persons with disabilities interacting with nondisabled people in social and work environments helps break down barriers and open lines of communications.

Appropriate terminology

Listed below are preferred words that reflect a positive attitude in portraying disabilities.

AIDS. Acquired immunodeficiency syndrome is an infectious disease resulting in the loss of the body's immune system to ward off infections. The disease is caused by the human immunodeficiency virus (HIV). A positive test for HIV can occur without symptoms of illnesses which usually develop up to 10 years later, including tuberculosis, recurring pneumonia, cancer, recurrent vaginal yeast infection, intestinal ailments, chronic weakness and fever, and profound weight loss. Preferred: *people with AIDS or living with AIDS.*

Blind. Describes a condition in which a person has loss of vision for ordinary life purposes. *Visually impaired* is the generic term preferred by some individuals to refer to all degrees of vision loss. Use *boy who is blind, girl who is visually impaired, or man who has low vision.*

Cleft lip. Describes a specific congenital disability involving lip and gum. The term hare lip is anatomically incorrect and stigmatizing. Use *person who has a cleft lip or has a cleft palate.*

Congenital disability. Describes a disability that has existed since birth but is not necessarily hereditary. The term birth defect is inappropriate.

Deaf. Deafness refers to a profound degree of hearing loss that prevents understanding speech through the ear. *Hearing impaired or people with hearing loss* are the generic terms preferred by some individuals to indicate any degree of hearing loss—from mild to profound. It includes both hard of hearing and deaf. Others prefer deaf or hard of hearing. Hard of hearing refers to a mild or severe hearing loss that may or may not be corrected with amplification. Use *woman who is deaf, boy who is hard of hearing, or people who are hearing- impaired.*

Developmental disability. Any mental and/or physical disability starting before age 22 and continuing indefinitely. It limits one or more major life activities such as self-care, language, learning, mobility, self-direction, independent living, and economic self-sufficiency. Term includes individuals with mental retardation, cerebral palsy, autism, epilepsy (and other seizure disorders), sensory impairments, congenital disabilities, traumatic accidents, or conditions caused by disease (polio, muscular dystrophy, etc.). May be the result of multiple disabilities.

Disability. General term used for a functional limitation that interferes with a person's ability, for example, to

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walk, lift, hear, or learn. It may refer to a physical, sensory, or mental condition. Use as a descriptive noun or adjective, such as *persons who are mentally and physically disabled or man with a disability.* Impairment refers to loss or abnormality of an organ or body mechanism, which may result in disability.

Disfigurement. Refers to physical changes caused by burns, trauma, disease or congenital problems.

Down syndrome. Describes a chromosome disorder which usually causes a delay in physical, intellectual, and language development. Usually results in mental retardation. Mongol or mongoloid are unacceptable.

Handicap. Not a synonym for disability. Describes a condition or barrier imposed by society, the environment, or by one's own self. Handicap can be used when citing laws and situations but should not be used to describe a disability. Say *the stairs are a handicap for her.* (Note: *Accessible parking* is preferred to "handicapped parking.")

Head injury. Describes a condition where there is temporary or long-term interruption in brain functioning. Use *persons with head injury, people who have sustained brain damage, woman who has traumatic brain injury, or boy with an acquired head injury.*

Learning disability. Describes a permanent condition that affects the way individuals with average or above-average intelligence take in, retain, and express information. Some groups prefer *specific learning disability,* because it emphasizes that only certain learning processes are affected. Do not say slow learner, retarded, etc. Use *has a learning disability.*

Mental disability. The Federal Rehabilitation Act (Section 504) lists four categories under mental disability: psychiatric disability, retardation, learning disability, and (physical) head trauma. Use these four terms for specific instances; otherwise, mental disability or cognitive impairment is acceptable.

Mental illness. Words such as crazy, maniac, lunatic, demented, and psycho are offensive and should never be applied to people with mental health problems. Psychotic, schizophrenic, neurotic, and other specific terms should be used only in proper context and should be checked carefully for medical and legal accuracy. Acceptable terms are *people with emotional disorders, psychiatric illness, or psychiatric disabilities.*

Mental Retardation. Generally considered a form of developmental disability. Mental retardation consists of significantly below average intellectual functioning with deficits in adaptive behavior seen during the developmental period before age 18. Preferred: *people with mental retardation.*

Nondisabled. Appropriate term for people without disabilities. Normal, able-bodied, healthy, or whole are inappropriate.

Seizure. Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc. resulting from a neurological condition such as

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epilepsy or from an acquired brain injury. Rather than epileptic, *say girl with epilepsy or boy with a seizure disorder*. The term convulsion should be used only for seizures involving contraction of the entire body.

Small/short stature. Do not refer to people under 4'10" as dwarfs or midgets. Use person of small (or short) stature. Dwarfism is an accepted medical term, but it should not be used as general terminology. Some groups prefer "little people." However, to some, that implies a less than full, adult status in society.

Spastic. Describes a muscle with sudden abnormal and involuntary spasms. Not appropriate for describing someone with cerebral palsy. Muscles are spastic, not people.

Special. Describes that which is different or uncommon about any person. Do not use to describe persons with disabilities (except when citing laws or regulations).

Speech disorder. A condition in which a person has limited or difficult speech patterns. Use *child who has a speech disorder*. For a person with no verbal speech capability, use *woman without speech*. Do not use mute or dumb.

Spinal cord injury. Describes a condition in which there has been permanent damage to the spinal cord. *Quadriplegia* denotes substantial or total loss of function in all four extremities (some prefer *tetraplegia* to indicate complete paralysis of all four extremities). *Paraplegia* refers to substantial or total loss of function in the lower part of the body only. Say *man with paraplegia or woman who is paralyzed*.

Stroke. Caused by interruption in flow of blood to brain. Hemiplegia (paralysis on one side) may result. *Stroke survivor* is preferred over stroke victim.

from: **Core Service Coordination Training,** NYS OMRDD, Workforce Planning and Development, 1995.

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THEME AREA 7, UNIT 61

Learning Activity #1
Worksheet

Guidelines for Reporting and Writing About People with Disabilities Worksheet

- Write a short paragraph that tells the purpose of these Guidelines and when they should be used.

was caused by psychomotor seizures as contrasted with behavior casued by poor impulse control. The next section addresses various physiological correlates which effect behavior.

NEUROLOGICAL AND MEDICAL CORRELATES OF EXCESS BEHAVIOR

Neurological Factors. The most common type of neurological dysfunction among individuals with developmental disabilities is epilepsy. Although there are several types of epilepsy, the most significant type for our discussion is the psychomotor seizure. Psychomotor seizures usually have their focus in the temporal lobe (hence they are often referred to as temporal lobe seizures) and are notable for their unusual behavior effects. These include an array of complex movements (automatisms) which are performed in a repetitive, stereotyped manner. The complex of movements may include such behaviors as running, kicking, spitting, etc. and may also include displays of affective behavior. In extreme cases there may be outbursts of aggression, usually with sudden, unprovoked onset. It is often difficult to differentiate behaviors displayed during psychomotor seizures from similar behaviors which occur interictally (i.e., between seizures rather than during them) and which may be environmentally motivated. Seizure-related behavioral displays can be addressed through behavioral and environmental strategies but they are usually conducted against the background of standard treatment approaches such as anticonvulsant drug therapy and, in extreme cases, corrective neurosurgery.

Cerebral palsy is a group of movement and posture disorders caused by nonprogressive brain lesions. Cerebral palsy involves paralysis, poor coordination, imbalance, and involuntary movements and can be categorized as "dyskinetic," "spastic," or "ataxic." The dyskinetic form is marked by jerky, uncontrollable movements of the muscles; the dyskinesias can be exaggerated during volitional activities. The spastic form may also involve jerky, explosive movements. These movements, like those noted in psychomotor seizures, can be confused with those observed during purposeful displays of inappropriate behavior. Standard treatments include exercise and reflex therapies, corrective surgery, and anti-spasmodic medications. Environmental and behavioral treatments usually focus on adjusting task demands so as to minimize the individual's frustration which in turn helps prevent an exacerbation of excess movements.

Another neurological condition that has attracted growing interest in recent years is Tourette Syndrome, characterized by motor and/or vocal tics which have an onset during the developmental period. These tics may be expressed in a simple form (e.g., head jerking, barking noises) or in a more complex form (e.g., twirling, coprolalia) and are considered

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involuntary. Although individuals with Tourette Syndrome can exert some temporary control over their symptoms it is generally recognized that exerting control only delays an eventual and often more severe outburst of the symptoms. In the past, interest in Tourette Syndrome had been generally limited to extreme cases. As interest expanded to milder forms it was noted that persons with Tourette Syndrome often exhibited other disorders as well. These include obsessive-compulsive traits, hyperactivity and/or attention deficit disorder, learning disabilities, and sleep disorders. Psychotropic treatment of Tourette Syndrome usually includes medications such as haloperidol, clonidine, pimozide and clonazepam. These treatments are often combined with psychotherapy to enhance coping, behavior therapies (which often focus on teaching "substitute tics" which are more socially appropriate), and relaxation or biofeedback strategies to help alleviate stress.

Finally, there are a host of other neurologically-based problems resulting in sensory and/or motor dysfunctions. These include possibly inherited tendencies that affect the individual's "temperament." Examples include general activity level, threshold of responsiveness to environmental stimuli, susceptibility to distraction, approach-withdrawal tendencies, and impulsivity. These temperamental factors are typically difficult to address as they are by their very nature systemic. In our population we are frequently confronted with individuals who are particularly sensitive to sensory stimulation (e.g., are sensory defensive or overaroused), who find it difficult to focus (e.g., are hyperactive or overly excitable), or who are unable to process certain types of sensory information (e.g., have hearing deficits or learning disabilities). Environmental and behavioral strategies are often effective in addressing such deficits, but usually require additional treatment regimens such as Ritalin or beta blockers, sensory integration, augmentative communication, etc.

Drug-related Factors. Many individuals with developmental disabilities receive medications and virtually all medications have side effects, ranging from those of little concern to those which can be severely debilitating. The most noteworthy medications for our purposes are the psychoactive ones, especially anti-psychotic medications. Side effects of antipsychotics are well known and usually become evident as the result of continued administration of a given medication. It is also important to realize, however, that side effects can appear as the result of drug reductions or withdrawals. Indeed, this is becoming increasingly apparent as more and more emphasis is placed on decreasing our reliance on psychotropic medications.

Side effects can be implicated in behavioral displays in a number of ways. In some cases side effects from medications can predispose an individual to engage in excess behaviors. For example, the anti-cholinergic properties of most anti-psychotics result in dry mouth. This, in turn, can lead to increased drinking and may result in inappropriate behaviors such as drinking from a toilet or theft of liquids. In other cases, side effects can produce symptoms which can be easily confused with an excess behavior. For example, adverse side effects of tricyclic anti-depressants include restlessness and hypomania. Similarly, reduction or withdrawal of anti-psychotic medication can produce tardive akathisia, a temporary movement disorder. These side effects can be easily misinterpreted as increases in inappropriate behavior and may result in a push for higher doses of the medication. Usually, however, it is best to discontinue the drug if side effects are too severe or to prescribe medication to address the side effect.

Genetic Factors. It is well known that various chromosomal abnormalities can cause mental retardation. Autosomal abnormalities (such as Down Syndrome) and abnormalities of the sex chromosomes (such as Fragile X) are well documented. In this section a brief review will be provided of how certain genetic abnormalities result in the display of fairly specific types of inappropriate behavior; this listing does not include all pertinent syndromes.

Lesch-Nyhan syndrome is perhaps the most well-known genetic condition associated with inappropriate behavior. This syndrome is a sex-linked recessive condition occurring only in males and caused by an abnormality in the metabolism of uric acid. The most notable aspect of this syndrome is its association with self-mutilative behavior, usually directed towards the lips and fingers. Treatments consist primarily of serotonin precursors and positive reinforcement strategies. Cornelia de Lange syndrome also results in self-mutilation, although its cause is less clear.

Phenylketonuria (PKU) is a condition caused by excessively high levels of the amino acid phenylalanine. Children with PKU often display hyperactive, unpredictable behavior and may also display stereotypic movements and aggression. The dominant therapy is a low phenylalanine diet. Prader-Willi syndrome appears linked to a deletion of chromosome 15 and often results in temper tantrums and violent behaviors. It is most notable, however, for its related eating disorder. Persons with this syndrome are preoccupied with food and inappropriate behaviors such as gorging, food theft, hoarding, and occasional pica are observed. Behavior modification approaches to help control obesity are often used. Other disorders include Sanfilippo syndrome, a mucopoly-saccharide disorder often resulting in hyperactive and aggressive behaviors, and Rett's syndrome, a disorder of unknown cause affecting only women and sometimes resulting in such behaviors as hand wringing and aerophagia.

Abnormalities of the sex chromosome may affect the X and Y chromosomes; these abnormalities usually result in less specific behavior disruptions. Fragile X syndrome is linked to an increased risk of autism, and autistic behaviors may be more likely, particularly repetitive speech (litany speech). In Klinefelter's syndrome, biological males have an additional X chromosome. These individuals are often prone to personality disorders, often involving sexuality.

Other Medical Causes. This final section will briefly touch upon a number of common medical causes of problem behavior. Little elaboration will be provided as this section addresses very common sense notions. Perhaps one of the more critical notions is the distinction between acute and chronic conditions. Individuals with developmental disabilities experience the same range of acute illnesses and injuries as does the general population. The pain or discomfort from these can often cause the individual to act out inappropriately, particularly non-verbal individuals. These situations are typically addressed by routine medical treatment of the illness or injury along with situational management of the episode itself.

Chronic medical conditions are a different story, however, and require a higher degree of integration between medical and other treatments. Several chronic conditions are found with some frequency among the population we serve. Examples include epilepsy (discussed earlier), gastro-esophageal reflux, constipation, pain from contractures or scoliosis, diabetes, and allergies. In each of these cases excess behaviors may increase when the underlying condition worsens. Because of the chronic nature of these problems it is important to teach the individual coping behaviors. Functional approaches might include such strategies as teaching self-administration of medications, self-monitoring of bodily states (e.g., blood sugar levels), communication programs ("I'm in pain), relaxation programs, etc. Also critical is fostering staff awareness of the underlying condition and sensitizing them to early signs that the condition is worsening.

ORGANIC VERSUS ENVIRONMENTAL CAUSES

It is obvious from the above discussion that it is important to recognize that the causes of behavior are complex. Not every behavior problem is an operant response that is maintained by its consequences, and not every inappropriate behavior has a specific function. It is clear that some behavior problems arise from direct and indirect physiological causes and some may well be related to the organic brain dysfunctions causing the mental retardation in the first place. A direct physiological cause might be an outburst of behavior related to a seizure or to some specific chemical imbalance or hormonal change; an indirect cause might be some physical problem or drug side-effect giving the person pain or irritation.

In analyzing the relative importance of these factors it is critical for the treatment team to establish a close, cooperative relationship with the primary physician and other specialists called in as consultants. It is necessary to consider as wide a range of possible casual variables as might be probable. As has been shown in the field of behavioral medicine (health psychology) even when individual's problems have a clear cut organic basis, there are still a considerable variety of effective interventions that have been developed within behavior therapy. These will not be available to persons with disabilities as long as the people we serve are perceived as a special category and not simply persons with the same range of needs and concerns as other people with problem behavior. It should also be apparent that knowledge of internal conditions affects staff perceptions of the individual being served. Staff usually feel differently in calming an aggressive individual whose assaults are linked to epileptic seizure or sensory defensiveness.

The next chapter explores the importance of social relationships and its impact on behavior. Behavior occurs within a social context, and therefore an understanding of interpersonal relationships is critical to understanding problem behavior.

From:Warren, B., & Evans, I. M., eds. (1991). Positve Approaches to Behavior Changes: A Training Curriculum, Volume I. State of New York, OMRDD, 22 -26.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 7

Communicating and Connecting with Individuals

UNIT 62

Supported Living

Job Context: Communicating and Connecting with Individuals

Communication Skills: Writing Skills; Reading Comprehension; Problem-Solving Skills

Objectives:
- recognize individuals as people
- review written material on supported living
- improve writing skills
- apply training material to practice

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will read and think about **supported living.** This is a new idea for improving the lives of individuals with disabilities and it has the potential to change drastically the way services are delivered.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit #. Head each part of your written work with the Learning Activity number so that your Instructor willknow what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

As a supplement to this section is the Introduction to a training manual for Direct Service Personnel on supported living[1]. Read the supplement and answer the questions on the worksheet that follows.

Learning Activity 2

Think about an individual you work with. How would the concept of supported living change your relationship with this person? Is there something specific you would do differently in your interaction with this person if you were following the model described in the Supplement?

Write an e-mail message to your Instructor discussing this issue. Be sure to edit and spell-check your work before sending it.

If you are not yet doing Direct Care work, write to your Instructor and give your opinions about supported living. Do you agree or disagree with this concept? Why or why not? Back up your opinion with examples. Be sure to edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- The worksheet from Learning Activity 1

Send by e-mail

- A copy of the message on supported living

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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[1] Dillman, J.; Karan, O.C.; Granfield, J.M. (1994). **Providing Support to People with Developmental Disabilities: A Training Manual for Direct Service Personnel.** IDS Publishing Corporation, 3 - 5.

Supplement

Introduction

Over the years, many innovative concepts have been introduced which were intended to improve the quality of life for individuals with disabilities. Too often, however, they ended up as empty slogans or, worse yet, just new names for old practices. Today, another "new" concept is emerging that holds great promise for improving the lives of individuals with disabilities and, depending upon how it is implemented, has the potential to drastically alter the way we think about and deliver our services. The concept is termed **supported living**.

Supported living is fundamentally a process that creates opportunities for individuals with disabilities to choose where they live, with whom they live, and how they lead their lives. Applying this emerging concept will vary according to circumstances.

Three elements appear to be essential in order to keep this exciting concept from becoming just another empty slogan: (1) The location of the consumer's home must be based on that person's informed choice; (2) the individual and not the service provider either owns or rents the property in which the individual lives; and (3) the level and intensity of supports must be flexible enough to vary with the changing needs and life circumstances of the individual.

In essence, the concept of supported living represents a new way to think about the "rules" that often guide and direct the behavior of service providers in conventional residential services. Our use of this term, "conventional residential services," refers to group homes and other residential settings that may or may not be located in the community, in which the rules regarding where individuals will live, what services and programs they will receive, and what their daily routines will consist of, are usually determined by staff, administration and funding sources rather than the consumer.

In supported living, rather than provide services and supervision with specific places, beds and program "slots," consumers are offered opportunities to make real choices in their lives.

Supported living is not something that we do **for** people with disabilities (i.e.,

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provide supervision), but rather it is something we do **with** them (i.e., support) which empowers them with more control over their own lives. Webster defines the word "support" to mean to keep steady, to give courage or approval, or to act in a secondary or subordinate role. In sharp contrast, our conventional residential services are filled with words that mean or imply "supervision." This term means to direct and inspect the performance of others, to oversee the work of others, to evaluate and to manage. Clearly the very use of the word "support" implies an entirely different way of providing services to people with disabilities.

But how can we reconcile the fact that many people with disabilities on occasion require someone to do **for** them? Support may be needed at some times, but not at other times. Support may also be an ongoing, even permanent need for a variety of reasons. From this perspective, as support providers, we must approach our responsibilities from a different value base and with different expectations than have traditionally been applied within conventional residential service systems.

No longer are we in the role of program implementor, data collector or enforcer of consequences. Rather, as support providers, we will require different kinds of skills and attitudes to make the concept of supported living more than just a new package for an old product.

First, as providers of support, we must recognize that we are in someone else's home and, as such, the services we offer must be convenient for and make sense to the person living there (and not just be convenient for or make sense to us, as staff).

Second, as support providers, we must know, understand and respect the values, lifestyle preferences and expectations of the person receiving our services, even when these are different from our own.

Third, it will be our day-to-day interactions with the consumers we support that will help determine, to a large extent, the degree to which he or she is satisfied with his or her own quality of life. It is within these daily relationships that our differing values, preferences and expectations will surface. For the concept of supported living to truly become a reality, we, as support providers, must step back from our own needs and values to try to see the world through the eyes of the person we support.

Fourth, as support providers, we will play a critical role in becoming skilled at reconciling the differing expectations and values among other people in the consumer's life, i.e., other service providers, parents and friends. In so doing, it will be useful for us to learn how to work in consort with the individual and others, both learning from and teaching others how to support and negotiate rather than how to control and direct.

Fifth, as we attempt to fulfill our responsibilities as providers of support, our task will create complications and difficulties for us in many situations. On a daily basis, we will be faced with making ethical judgments without the counsel and support of colleagues, such as might be found in more conventional residential situations. As such, we must learn to use resources for best meeting the needs of the person we support.

Finally, we must not overlook our own personal and professional needs. Our ongoing training and support is essential if the concept of supported living is to be truly driven by consumer needs and not by the needs of the staff person or by the residential service system.

The concept of supported living offers the promise of real choice and opportunity for individuals with disabilities. It is the beginning of a revolution in service delivery that is built around the desires, needs, and choices of people with disabilities. Supported living is a shift away from categories of services such as residential, vocational, and recreational, and instead moves toward concepts of support that enable people to live, work, play, and be educated where, how, and with whom they want.

From: Dillman, J.; Karan, O.C.; Granfield, J.M. (1994). **Providing Support to People with Developmental Disabilities: A Training Manual for Direct Service Personnel.** IDS Publishing Corporation, 3 - 5.

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THEME AREA 7, UNIT 62

Learning Activity 1

Supplement

Comprehension Questions

1. What is meant by supported living?

2. What are the advantages of supported living?

3. On page 2, line 2, what does **empower** mean?

4. How does the role of support provider change with supported living?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 63

Fire Evacuation Procedures I

Job Context: Emergency Procedures

Communication Skills: Locating Information; Skimming and Scanning; Note-Taking; Reading Comprehension; Writing Skills

Objectives:
- skim and scan written material on fire evacuation
- review written material on fire evacuation procedures
- analyze a problem pertaining to fire evacuation
- practice note-taking skills
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

This unit and Unit 64 will review emergency fire evacuation procedures. For this unit you will read an article about a fire in a halfway house in Washington D.C.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 7, Unit 63). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplementing this unit is an article on a halfway house fire in Washington, D.C. that killed 10 people.

Skim the article. Read the first and last paragraphs of the article. Then look at the headings to give you an idea of the topics that will be covered in the article. Read the captions on the pictures and study the diagrams.

Now read the complete article, keeping in mind what you learned when you skimmed the article. Underline any words that are difficult for you. See if you can figure them out from the sentences and words that surround them. Use your dictionary if your unfamiliarity with a word is making it difficult for you to understand the part that you are reading.

Read the article a second time. This time, while you are reading, take notes on the most important points and details in the article. Be sure your notes include answers to the questions: who, what, when, where. why, and how.

Learning Activity 2

For this Learning Activity you will write an analysis of the halfway house fire. E-mail a message to your Instructor. Think about the following questions and include the answers to these questions in your essay. Be sure to edit. When you edit, look for any word omissions. Make sure you have written complete sentences. Make sure you have used correct punctuation and have correct subject-verb agreement Spell-check your work before sending it. Note: Spell-check may not catch all misspellings. The spelling of homophones such as "there/their" depend on how these words are used in sentences. Refer to the Writing Skills Handbook, Unit 14.

1. What went wrong?

2. What could have been done to prevent or to minimize the impact of the fire?

3. What rules or regulations should have been followed?

4. What can be done to ensure that this doesn't happen again?

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 1

Send by e-mail

- Your message from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Supplement

HALFWAY HOUSE FIRE IN WASHINGTON, D.C. KILLS TEN

James R. Bell[1]

An early morning fire in a community residence facility in the Northwest section of Washington, D.C. took the lives of ten psychiatric facility outpatients and injured five others. The building was used as a "halfway" house to accommodate female outpatients from a federally owned psychiatric facility. The fire occurred shortly before 1:00 am on Wednesday, April 11, 1979, trapping the 21 residents on the east side of the three-story, brick, ordinary-construction duplex in their rooms. Six residents on the second floor and three on the third floor died as a result of the fire and smoke that filled the west half of the 75-year-old structure. One other resident died after jumping from the second floor, and another was severely injured when she also attempted to jump to safety.

The fire was caused by the misuse of smoking materials, which ignited a couch in the first-floor lounge area; the blaze quickly extended up an open stairway to the second and third floors. Since no other means of egress was available, 16 of the residents were unable to evacuate to safety.

The factors that contributed to the fatalities included the following:

- Lack of stairway enclosure,
- Lack of a second means of egress to allow escape,
- Sleeping room doors not properly protected,
- Delay in alarm and evacuation of residents,
- The combustibility of the furnishings and interior finish produced a rapid fire buildup, limiting warning and evacuation time, and
- Lack of training of staff in fire emergency procedures, and lack of fire drills for residents.

BACKGROUND

The three-story duplex with basement was built at the turn of the century of ordinary brick/wood-joisted construction. The two sides of the duplex were separated by a 12-inch brick party wall. The adjoining halves of the duplex connected through doorways on the first floor and basement levels only. The tin-clad connecting door on the first floor did not have either a self-closing or an automatic closing mechanism. (See Figures 1 to 3.)

The prominent feature in each of the duplex halves was the open stairway from the first to the third floors. The wooden stairs had 39-inch wide treads with winders at the turns from the

---

[1] Mr. Bell is a member of the NFPA Fire Investigation Department

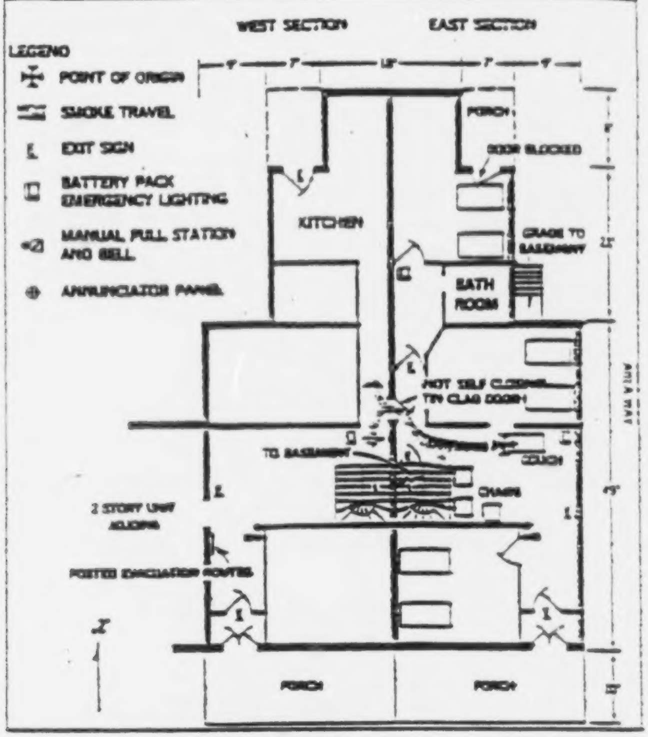
WEST SECTION
EAST SECTION
LEGEND
POINT OF ORIGIN
SMOKE TRAVEL
EXIT SIGN
BATTERY PACK EMERGENCY LIGHTING
MANUAL PULL STATION AND BELL
ANNUNCIATOR PANEL
PORCH
DOOR BLOCKED
KITCHEN
GRADE TO BASEMENT
BATH ROOM
NOT SELF CLOSING TIN CLAD DOOR
TO BASEMENT
COUCH
CHAIRS
2 STORY UNIT ADJOINING
POSTED EVACUATION ROUTES
AREA WAY
PORCH
PORCH

Figure 1. First floor.

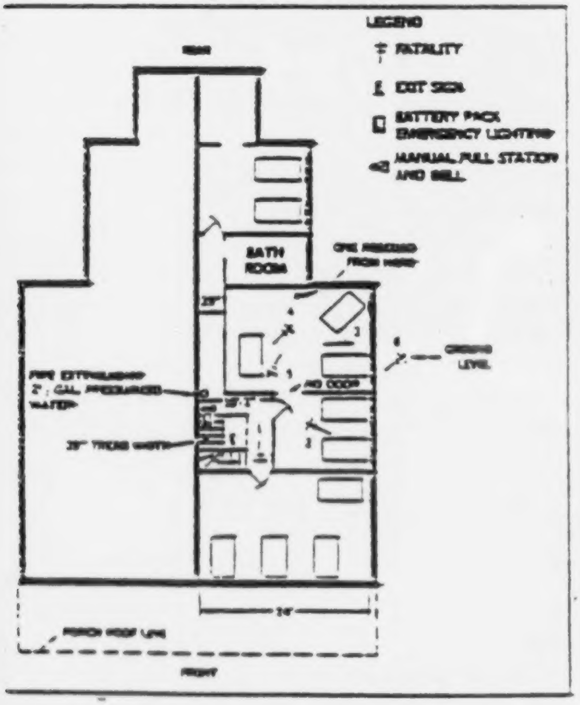

Figure 2. Second floor.

LEGEND
FATALITY
EXIT SIGN
BATTERY PACK EMERGENCY LIGHTING
MANUAL PULL STATION AND BELL
REAR
BATH ROOM
ONE RESCUED FROM WINDOW
GROUND LEVEL
NO DOOR
FIRE EXTINGUISHER 2½ GAL. PRESSURIZED WATER
30" TREAD WIDTH
24'
PORCH ROOF LINE
FRONT

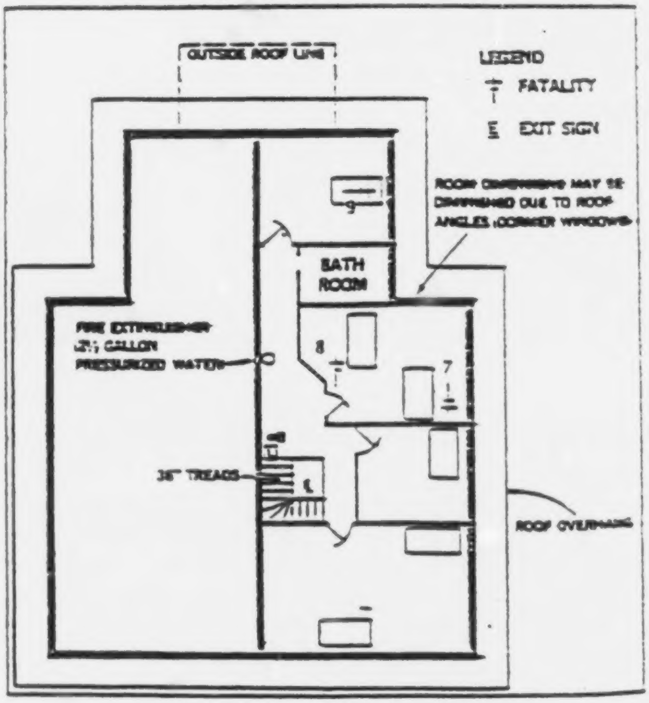

Figure 3. Third floor.

OUTSIDE ROOF LINE
LEGEND
FATALITY
EXIT SIGN
ROOM DIMENSIONS MAY BE DIMINISHED DUE TO ROOF ANGLES (DORMER WINDOWS)
BATH ROOM
FIRE EXTINGUISHER 2½ GALLON PRESSURIZED WATER
8
7
36" TREADS
ROOF OVERHANG

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first to the third floors, and 36-inch wide treads and winders from the second to third floors. Carpeting material whose composition and flammability are unknown covered the stairway treads. The wood banister and railing materials had been covered with enamel paint. Hardwood panel wainscoting adjacent to the stairway on the fire floor was finished in a similar manner. All doors throughout the duplex were hardwood panel-type doors that were standard for the era in which the building was built. Transom areas also contained hardwood panels.

A posted evacuation diagram indicated that on the first floor, the front doors on both sides of the duplex and the rear door from the kitchen on the west side were to be used as exits in case of emergency. Although there was a rear door in the east half of the building, it was located in a room used as a bedroom, which precluded its use as an exit since a bed blocked the inward swing of the door. For the second and third floors, no evacuation routes were shown on the diagram. The means of egress for upper floors was limited to the single open stairway in each half of the building; no second means of egress was provided.

A manual alarm system was provided. On the second and third floors of each half of the building, a manual pull box and alarm bell were located at the head of the stairway. On the first floor, the pull station was located in the entrance hallway, between the front door and the foyer areas. The control panel was located in the basement of the west side of the structure.

An annunciator panel was located beside the pull box situated in the entrance hallway on the first floor of each half of the duplex. The annunciator panel had four indicator lights that designated the floor where the signal was initiated (the basement, first floor, second floor, or third floor).

Battery-operated emergency lighting units were provided on each floor, lighting the stairway, corridors, and first-floor entrance foyers. Illuminated exit signs were placed at the stairways, in corridors, and at the front hallways leading to the front doors.

The home was operated by the Volunteers of America, a community-oriented, nonprofit service group that operates group homes, halfway houses, housing projects, and nursing homes throughout the country. The building had been operated as a rooming house for approximately 12 years before it was purchased by private owners in February 1978 and leased to the Volunteers of America. The home housed female outpatients from St. Elizabeth's Hospital.

Licensing and Code Enforcement

During June 1974, the District of Columbia passed a regulation entitled the *Health Care Facilities Regulation* (74-15), which set standards for the establishment, maintenance, and operation of proprietary and nonprofit health facilities and the public health care facilities operated by the District of Columbia. This regulation included "Supervised Personal Care Facilities."

On August 5, 1977, the *Health Care Facilities Regulation* was amended by the *Community Residence Facilities Licensure Act of 1977*. This established "Community Residence Facilities," which were defined as:

> A facility providing safe, hygienic, sheltered living arrangements for one (1) or more individuals aged eighteen (18) years or older, not related by blood or marriage to the Residence Director, who are ambulatory and able to perform the activities of daily living with minimal assistance. The definition includes facilities, including halfway houses, which

provide a sheltered living arrangement to persons who desire or require supervision or assistance within a protective environment because of physical, mental, familial, or social circumstances ....

The regulation changed the occupancy classification from institutional to residential. The regulation also amended the District of Columbia *Building Code* to include by definition a "community residence facility housing more than 15 residents as an L-1 Residential Occupancy."

According to licensing requirements, a prospective resident would be admitted to and retained by a community residence facility only if the resident was not in need of professional nursing care and could be assisted safely and adequately within a community residence facility. Residents were required to be able to perform the activities of daily living with minimal assistance and be capable of proper judgment in taking action for self preservation under emergency conditions.

Persons not generally oriented as to time and place, or person not substantially ambulatory but needing limited personal assistance in case of an emergency, could be admitted to a community residence facility by special permission. Such permission would be granted if the community residence facility had sufficient staff to assure the safety of such residents.

The inspections and licensing program for community residence facilities was consolidated under the city's Department of Human Resources (DHB). However, the program was never put into effect because DHR lacked money and personnel.

On August 8, 1978, the Department of Economic Development issued a Certificate of Occupancy for use of the structure for the purpose of "Room and Boarding for Adults - 51 persons," although it was later determined in investigations conducted by the Mayor's office that the building did not meet District of Columbia *Building Code* requirements. Prior to the issuance of the Certificate of Occupancy, the structure had been inspected on May 3, 1978 by the Building Inspection department, on May 11, 1978 by inspectors for the Department of Human Resources, and on July 11, 1978 by an inspector from the fire Marshall division of the district of Columbia fire Department. At the time of the fire, the home was also without a business license, since the previous year's business license had lapsed.

The Residents and Staff

Although the facility's Certificate of Occupancy allowed an occupancy of 51 persons, only 47 people were living in the home at the time of the fire. The east side of the duplex, in which the fire occurred, housed 21 residents and the west side had 26. Four more residents were housed in a detached carriage house, which was not involved in the fire.

The residents, all of whom were women, ranged in age from 40 to 80 years. All of the residents had been certified as capable of self-care prior to their release from St. Elizabeth's Hospital. This included the self-administration of personal medications, although community residences were allowed under licensing regulations to supervise the taking of medications prescribed for self-administration. Information on the type of medications and their possible disabling effects on the residents was not available to the NFPA.

During the night shift, a single attendant was on duty in the facility. The attendant was required to be awake and attentive to the conditions within the residence at all times. A maintenance man also remained on the premises; he resided in a living area in the basement on the east side of the structure.

Based on staff statements quoted in the press and comments made by survivors, it appears that fire emergency training and fire drills were not conducted at the facility.

The Fire

The cause of the fire has been listed by the District of Columbia Fire Department Fire Marshall's Office as accidental misuse of smoking materials. The exact scenario concerning the cause of fire is not known for certain. Published press reports indicated that a flaming pack of matches was dropped onto a black, vinyl-covered synthetic foam couch, which ignited. This was unconfirmed.

Shortly before 1:00 am on April 11, 1979, one of the residents attempted to light a cigarette while sitting on a couch in the "smoking room," located on the first floor on the east side. This room was actually part of the entrance foyer converted for use as a smoking lounge by the addition of couch, chairs, and other furnishings. As the woman, described as a heavy smoker, sat on the couch, part of the couch ignited. The resident attempted to douse the couch with several jars of water that she carried from a nearby bathroom. After these efforts failed, the residents called for help. The resident manager, hearing the call, entered the foyer and found the center section of the couch on fire. The manager returned to the staff office on the west side of the building and called for the maintenance man, who lived in the basement of the east side of the facility. The manager also placed a call to the fire department, reporting a "couch on fire." She then returned to the east side of the building, where she alerted residents on all three floors. One of the residents tried to use a fire extinguisher, but was unable to remove the extinguisher from its wall bracket. The resident located the alarm box, but could not see how to activate the alarm. The maintenance man arrived and immediately activated the system, but the alarm sounded only in the east side of the building. The maintenance man was also unsuccessful in using the extinguisher.

The fire spread to the additional lounge furnishings and to the combustible interior stairway materials and short hallways. It quickly spread to the landings on the second and third floors. With the hallways filled with fire and smoke, residents on the upper floors on the east half of the duplex were trapped in their rooms.

The door between the two halves of the house at the first-floor level was left in an open position. Its doorway adjoined the "smoking room" and was in close proximity to the open stairways of both sections of the building. Some smoke passed through the doorway into the west side of the duplex.

Fire Department Actions

The first-arriving fire department units were at the scene at 1:01 am and found fire burning on the first floor of the east side of the home and flames bursting from the first-floor windows. Almost immediately, the fire was also visible in the second-floor front and east-side windows, and shortly thereafter, fire could also be seen in the third-floor and attic areas, with heavy smoke reported on all floors.

Fire fighters attempting to enter at the front of the east side encountered fire at the front door, which were locked. They advanced additional lines through both the front and the rear of the building and completely extinguished the fire within 15 minutes. The engine company sent to the rear of the building had difficulty entering the alley because of vehicles illegally parked within the marked fire lane area.

At 1:08 am, the fourth battalion chief ordered a second alarm, and an additional four engines, two ladders companies, a battalion chief, and another battalion chief who served as the water supply officer were dispatched. At 1:09 am, the Deputy Chief ordered a special alarm, which brought an aerial tower to the scene. An additional squad company was also called to the scene at 1:17 am. These units assisted in search-and-rescue, overhaul, and ventilation of the building.

The 26 residents in the west side of the duplex were evacuated without injuries. Fire fighters rescued seven residents from the east side of the building, five of them over ladders. One resident found in the shower stall of the bathroom on the first floor was removed through a rear room normally blocked by one of two beds in the room. Two residents were rescued from the roof of the front porch over ground ladders. Two other residents were found in the second-floor rear bedroom and were assisted from the building over ground ladders.

One resident who had crawled out onto the roof from her third-floor window was rescued by means of an aerial ladder.

Casualties

The body of one victim was located on the sidewalk in the areaway between the facility and another building, after he had jumped from a second-floor window in an attempt to escape. A second resident was also found at this location, severely injured after a similar jump. Four other residents were also treated for other injuries.

Five bodies were found on the second floor, three of them in a rear bedroom. Fire fighters were ordered not to move what were thought to be four bodies, pending arrival of the detectives from the homicide bureau of the Police Department. However, one fire fighter, making a check of the room approximately one-half hour after the alarm, heard one of the victims breathing. Although severely burned, this resident survived the fire, but succumbed to her extensive burn injuries at a hospital several days later. A fourth body was found in an adjoining bedroom, and another was found in an adjoining bedroom, and another was found on the second-floor stairway landing. Three victims were located in two rear bedrooms on the third floor.

Damage

Interior damage to the east side of the duplex was extensive. Fire damage extended from the first to the third floors. The room of fire origin was gutted. The stairways, stairway landings, and hallways on the second and third floors were heavily damaged. Second- and third-floor rooms on the south (front) side of the building and the north end of both upper floors received no direct fire damage.

From: Fire Saftey Training Module NYC OMRDD

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 64

Fire Evacuation Procedures II

Job Context: Emergency Procedures

Communication Skills: Locating Information; Reading Comprehension

Objectives:
- locate and review emergency fire evacuation procedures
- review written material for fire evacuation procedures
- practice skimming and scanning

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review emergency fire evacuation procedures.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 8, Unit 64). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

How much do you know about fire safety procedures? Supplementing this unit is a quiz on fire safety procedures. Answer the questions. Then check your answers on the answer key that follows.

Learning Activity 2

What are the emergency fire evacuation procedures for the Community Home or Center where you work? On a sheet of looseleaf paper outline the steps that you would follow if there were a fire at your work site.

Learning Activity 3

Supplement 2 is a memo on Family Care Fire Safety Issues. Read this memo. Then answer the Comprehension Questions that follow.

Learning Activity 4

Review the memo from Learning Activity 3. Underline the sentences in the memo that refer to the requirements for written documentation of drills.

Supplement 3 is a fire drill/evacuation report for the Finger Lake (Monroe) Developmental Center. Look over this report. Does this report cover the requirements you underlined in the memo? On the fire drill/evacuation report, circle the items that are mentioned in the memo.

Learning Activity 5

Locate and review the fire safety diagram and fire safety plan at your own work site. Check to see how much of this information you included in your outline for Learning Activity 2.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 2
- Your answer sheet from Learning Activity 3
- Your underlined memo and circled report from Learning Activity 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 8, UNIT 64

Fire Safety Procedures Quiz

1. If you discover a fire, you should first:

   A. pull the nearest fire alarm.
   B. notify your supervisor and follow instructions.
   C. rescue anyone in immediate danger.
   D. notify the Safety Department.

2. Upon hearing the fire alarm, you would first:

   A. commence evacuation to safe area.
   B. respond to nearest alarm pull box and check code.
   C. call the telephone operator and find out what is wrong.

3. An ABC extinguisher can be used on which type of fire?

   A. Class A (wood, paper, cloth)
   B. Class B (liquids, oil, paints)
   C. Class C (live electrical)
   D. all of the above.

4. What should you do if an individual's clothes are on fire?

   A. get a cup of water to throw on him.
   B. roll him on the ground.
   C. run in search of a fire extinguisher.

5. What is the second thing you should do when you discover a fire?

   A. rescue anyone in immediate danger.
   B. wait for a supervisor.
   C. pull the nearest fire alarm box.

6. Who is responsible for reporting the fire?

A. Maintenance Dept.
B. Supervisor.
C. Safety Dept.
D. the discoverer.

7. The term **RACE** is used to reduce panic. What do the letters mean?

A. **R**______________________________________

B. **A**______________________________________

C. **C**______________________________________

D. **E**______________________________________

8. Where are the smoke and fire doors located and what are their purpose?

A. they are located on all wings.
B. they contain fire for two hours.
C. they reduce spread of fire and smoke.
D. all of the above.

From: Brooklyn Developmental Center, Fire Safety Procedures Inservice.

Fire Safety Procedures Quiz

Answer Key

1. C
2. A
3. D
4. B
5. C
6. D
7. Rescue, Alarm, Confine, Extinguish
8. D

THEME AREA 8, UNIT 64

Supplement 2

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 Holland Avenue • Albany • New York • 12229

ZYGMONO L. SLEZAX
Commissioner

PAUL S. PUCCI
Deputy Commissioner
Program Planning and Policy

Program Planning and Policy Analysis
Administration Memorandum No. 83-4

To:
Family Care Providers
County Service Group Association Commissioners
Developmental Center Safety Officers
B/DDSO Directors
County Service Group Family Care Coordinators
B/DDSO Family Care Case Managers

From:
James P. Otis, Ph.D.
Director
Bureau of Standards and Procedures

Date: March 11, 1983

RE: Family Care Fire Safety Issues

A recent fire tragedy in a family care home in Western New York State in which three clients lost their lives has highlighted the need for family care providers and OMRDD staff with responsibility for family care to increase their awareness and vigilance regarding fire safety issues. Its occurrence demands that all parties review their means of addressing fire safety and make improvements where advisable.

The specific section of the regulation relating to fire safety for family care homes is Section 87.9 of Part 87. A copy of this section is attached for your reference. While there are a number of standards within section 87.9 that relate to assuring an environment that provides a minimal level of fire safety for clients and providers; there is one to which I would particularly like to draw your attention. This is Section 87.9(d)(4) which relates to a fire safety plan which reads as follows:

"A fire evacuation plan should be developed and implemented to reduce anxiety and panic during a fire situation. The rehearsal of the plan should include all residents and also the family members. This plan should be rehearsed quarterly and a written record kept. If necessary, the fire safety officer will be available to help devise and implement an evacuation plan."

Based on this standard, please be advised that it is the policy of OMRDD that fire evacuation plans are required of every family care home. In addition, it is expected that the written documentation of all drills will include information on the total time of evacuation and identification of the specific clients who are particularly slow in their evacuation performances. At a minimum, any plan that is developed should have the following general characteristics:

a) Be specific to the home and take into account any physical peculiarities of the environment.

b) Contain the specific "how-to's" written in uncomplicated language.

c) Specify the means or the process for dealing with any problems that might occur.

d) Specify the means of follow-up which will ensure that solutions to problems are implemented and are effective.

e) Specify the training and practice guidelines that will be used.

f) Specify the records which will be kept.

g) Specify who is responsible for what.

In the interests of assuring an acceptable level of adequacy in such plans, Commissioner Slezax, has indicated that Developmental Center Safety Officers are to be called upon to provide an appropriate level of fire safety in-service education to B/DDSO Family Care Case Managers. Subsequent to this training, B/DDSO Family Care Case Managers are to visit each family care home in their service area as part of their next monthly visit schedule and review and update the existing plan or, if necessary, develop a fire evacuation plan. The fire safety plan is to be a jointly developed project between the provider and the Case Managers with input from the Safety Officer when there are technical questions which go beyond the Case Manager's training or there is unresolved disagreement. A copy of the final fire safety plan must be kept at both the family care home and the B/DDSO. The fire safety plan is to be reviewed by the Developmental Center Safety Officer at any time there is a formal inspection of the home. Quarterly, Family Care Case Managers should make it part of one of their monthly visits to check on the adequacy of the previous fire drill and its documentation.

As part of the plan and as required by regulation, there is to be at least quarterly practice of the fire evacuation procedures and written documentation of its occurrence. Fire evacuations should occur over the course of a year during periods of the day, evening, and night. It is expected that any problems that develop during fire drills will be identified and appropriate solutions implemented to minimize their reoccurrence. Developmental Center Safety Officers can be an invaluable resource in this regard and should be consulted when the provider and B/DDSO Family Care Case Managers can't develop an effective answer.

Client performances during a fire drill subsequent to practice and training, is obviously a necessary consideration. While a specific time of evacuation standard is not specified in the regulation, it is expected that clients should be able to exit the home or move to a designated fire safe area within 2 ½ minutes (i.e., the standard for self-preservation capacity in all other OMRDD certified residential programs). Clients who take significantly longer than 2 ½ minutes must be prime candidates for additional intensive training under the guidance of appropriate DDSO staff. In addition, for such clients, consideration must be given to locating the client's bedroom on the first floor of the home or at least closer to the primary fire exit. For some clients, the continued appropriateness of the family care placement from the perspective of the fire safety and self-preservation capacity needs to be considered pursuant to the requirement of Section 87.9(b) which states:

"Requirements for residents who are non-ambulatory, deaf, blind or incapable of self preservation under emergency conditions shall be determined on an individual case basis."

While there can be no hard and fast rules applicable in this regard to every client in every family care home, a common sense appraisal of the level of risk is appropriate. This appraisal may appropriately take into account such factors as:

1. Number of total occupants in the home.

2. Age of home and construction characteristics.

3. The specific characteristics of the client which directly effect his/her evacuation performance.

4. Level of function of other client.

5. Capacity of the provider and other clients to provide assistance.

6. Type of home (i.e., 1 or 2 story).

7. Location of bedrooms in relation to the primary fire exit.

8. The feasibility of structural modifications to the home which will reduce fire risk or provide enhanced fire protection.

9. Smoking habits (or lack thereof) by clients and providers.

10. Any other compensating factors which would appear to lower the degree of risk.

In conclusion, OMRDD does not wish to unnecessarily alarm providers or clients with respect to the issues of fire safety which have been discussed in this memorandum. However, in light of the potential for tragedy, it is important that all of us review the matter carefully to ensure that all that may reasonably be done to ensure client safety has been done. your personal efforts and increased awareness in regard to the issue of fire safety will go a long way toward this goal.

Thank you.

JPO/jmw

Attachments

THEME AREA 8, UNIT 64

Supplement 2

Memo on Family Care Fire Safety Issues

Comprehension Questions

1. Why is it important for OMRDD staff to increase their awareness of fire safety issues?
2. What is the purpose of the fire evacuation plan?
3. Where are the fire safety plans kept?
4. How often must fire evacuation procedures be practiced?
5. How long should it take to evacuate an individual from a Home?
6. What should be done if it takes longer than this time to evacuate an individual from a Home?

Theme Area 8, Unit 64 -- Supplement 3

MDC 94 (1/83)

MONROE DEVELOPMENTAL CENTER
FIRE DRILL/EVACUATION REPORT

Instructions: Complete this form for fire drills/evacuations at either a community residence or a living unit. Please be sure to make comments where asked; only through your meaningful comments/suggestions can we improve the process and make your unit or residence safer for both the staff and the clients.

DATE: ____________________ SHIFT(X one) DAY____ EVENING ______ NIGHT ______

1. Living Unit _____________, or, Comm. Residence/ICF _____________ Service _____________
2. Time: Drill/Evacuation Started: __________ Ended:__________ Time Elapsed _____________
3. Type of Alarm: Fire Alarm _______ Smoke Detector ________ Oral ______
4. Was the Fire Evacuation Plan showing evacuation routes posted?
   Yes _____ No ______ Followed: Yes_____ No ______
5. Was the Fire Disaster Plan Available? Yes______ No ______
6. CLIENT (BY NAME) PARTICIPATING (NOTE: All clients who are on the unit. If they are absent note abs. after their name.)

CLIENT (BY NAME) PARTICIPATING	TIME TAKEN TO EVACUATE	PROBLEMS/COMMENTS

(CONTINUED ON BACK)

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6. Cont'd.

CLIENT (BY NAME) PARTICIPATING	TIME TAKEN TO EVACUATE	PROBLEMS/COMMENTS

7. STAFF PARTICIPATING

NAME	TITLE

8. EVALUATION- How effective was the drill: Effective ______ Not Effective _____

Was the all-clear signal able to be heard? Yes _____ No _____ N/A _____

Below please make any additional comments you wish that would help the drill/evacuation be more effective.

Safety Officer Signature ______________________ Date ________________

Living Unit Supervisor ______________________ Date ________________

Community Residence Director Signature ______________________ Date ________________

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 65

Math Review (Decimal Numbers)

Job Context: Math Skills Related to Managing Daily Living Activities

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:
- practice problem-solving with decimals
- apply basic math skills to job-typical problems

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will practice solving problems that use decimal numbers.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded onto your screen.

As you are working on a problem, if you want to see how a problem is worked out you can find out from the menu bar at the top of the screen. You'll see how the problem is worked out mathematically. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your instructor, or call our technology specialist. Her name and number is listed in the front of your study guide.

If you are working on a terminal, you will not be able to use the **Introduction to Basic Math** software on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your instructor, or call our technology specialist. Her name and number is listed in the front of your study guide.

If you do not have access to a computer loaded with the Introduction to Basic Math software, do the exercises on the colored worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 3 **Operations on Decimals**

- Section 2 **Adding Decimal Numbers**

  Problems # 11, 12, 13, 14 (use page down key to get to problem #11)

- Section 3 **Subtracting Decimal Numbers**

  Problems # 11, 12, 13, 14

- Section 4 **Multiplying Decimal Numbers**

  Problems # 11, 12, 13, 14

- Section 5 **Dividing Decimal Numbers**

  Problems # 12, 13, 14

Learning Activity 2

If you have any difficulty completing the problems in this review, you may want to continue practicing by completing problems #1-10 in each of the sections above.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message to your Instructor telling him or her that you completed this unit and how you did.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 66

Purchasing and Preparing Food

Job Context: Purchasing and Preparing Food

Communication Skills: Reading Comprehension; Using Unit Pricing; Interpreting Nutritional Labels

Objectives:
- comprehending written materials
- reading figures and charts
- using basic computation skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will practice reading figures, charts, and labels pertaining to purchasing and preparing foods for community homes.

Learning Activity 1

Supplement 1 to this unit provides information on using unit pricing. Read this Supplement. Then answer the questions on the worksheet that follows.

Learning Activity 2

Study the charts in Supplement 2. Then answer the questions on the worksheet that follows.

Learning Activity 3

Turn to Supplement 3. These charts give the recommended food quantities for meats: (pork and lamb); and dairy products. What is the amount to purchase for service to 16 people? Put your answers in the right-hand column.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheets for Learning Activities 1, 2, and 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Using Unit Pricing

Each food item on display in a grocery store should be accompanied by a unit price display. The unit price information helps you compare one product to another to determine the better price value. Each item will have the package information, the package price and a calculated price per pound or item count.

For example:

$6.30	$1.89
per 100	30 bags
Glad tall kit bags	

$5.30	$2.40
per 100 bags	45 bags
PC tall kit bags	

Since the name brand product and the store brand product have a different number of bags in each box, it's hard to know which is cheaper. The unit price information (price per 100 bags) shows you that for an *equal* number of bags, the store brand is the better buy.

Some items are compared by weight. *For example:*

$4.05	$3.04
per pound	12 oz
Cheerios	

$3.64	$4.10
per pound	18 oz
PC toasted O	

These two cereals are similar but are different brands with different weight packages. The unit price (price per pound) shows the price for the larger package is less, and therefore a better buy.

from: Guide to Food Purchasing for
Community Homes, NYS OMRDD

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THEME AREA 8, UNIT 66

Supplement 1

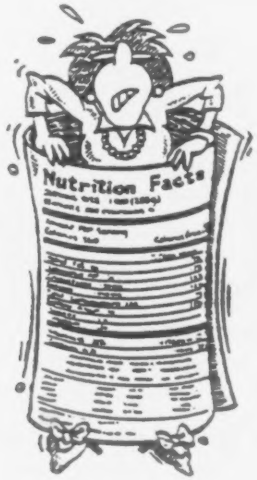
Using Unit Pricing

Circle the product that is the better buy.

1.	Polaner Jelly	3.66 per pound	$ 2.29	10 oz.
	Gourmet Jelly	$ 5.26 per pound	3.29	10 oz.
	Welch's Jelly	$ 1.85 per pound	1.39	12 oz.
2.	Era Detergent	$ 2.13 per quart	5.99	90 fl. oz.
	Dash Detergent	$ 2.23 per quart	3.49	50 fl. oz.
	Cheer Detergent	$ 3.19 per quart	4.99	50 fl. oz.
3.	Kix Cereal	$ 5.85 per pound	3.29	9 oz.
	Trix Cereal	$ 6.12 per pound	4.59	12 oz.
	Total Cereal	$ 5.85 per pound	4.39	12 oz.
4.	Prego Spaghetti Sauce	$ 1.82 per pound	1.59	12 oz.
	Healthy Choice	$ 1.63 per pound	2.59	25.5 oz.

The New Nutrition Labels

Manufacturers are required to follow the new nutrition labeling regulations. The following page will show you what the label looks like and how to use this information. It can be helpful when you are deciding which brand will provide the lowest fat, highest fiber and lowest sodium product. The label also offers specific information on calories and cholesterol which may help you choose products for a specific dietary goal or restriction.



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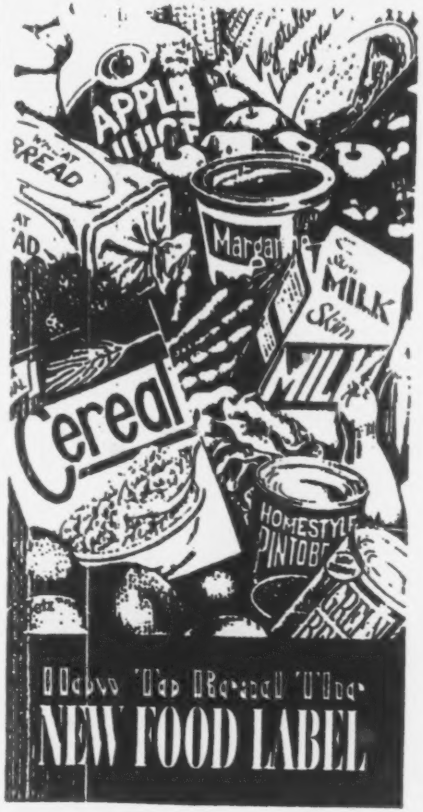

How To Read The NEW FOOD LABEL

American Heart Association

Food and Drug Administration

What's New About the Label?

It's simple. Healthy eating has never been easier, thanks to the new nutrition label. Here's the good news:

- Most foods in the grocery store must now have a nutrition label and an ingredient list.
- You can buy with confidence. Claims like "low cholesterol" and "fat free" can be used only if a food meets new legal standards set by the government.

You are looking at a new label if it's titled *Nutrition Facts*. Old labels may still be around for a while, so don't be surprised if you see them.

Why Read the Label?

Read the label to help choose foods that make up a healthful diet. Eating a healthful diet can help reduce your risk factors for some diseases. For example, too much saturated fat and cholesterol can raise blood cholesterol (a risk factor for heart disease). Too much sodium may be linked to high blood pressure. High blood pressure is a risk factor for heart attack and stroke.

No one food can make you healthy. In addition to eating healthful foods, stay active, don't smoke, and watch your weight!

printed on recycled paper

You Can Rely on the New Label

Rest assured, when you see key words and health claims on product labels, they mean what they say as defined by the government. For example:

Key Words	What They Mean
Fat Free	Less than 0 5 gram of fat per serving
Low Fat	3 grams of fat (or less) per serving
Lean	Less than 10 grams of fat, 4 grams of saturated fat and 95 milligrams of cholesterol per serving
Light (Lite)	⅓ less calories or no more than ½ the fat of the higher-calorie, higher fat version; or no more than ½ the sodium of the higher-sodium version
Cholesterol Free	Less than 2 milligrams of cholesterol and 2 grams (or less) of saturated fat per serving

To Make Health Claims About...	The Food Must Be...
Heart Disease and Fats	Low in fat, saturated fat and cholesterol
Blood Pressure and Sodium	Low in sodium
Heart Disease and Fruits, Vegetables and Grain Products	A fruit, vegetable or grain product low in fat, saturated fat and cholesterol, that contains at least 0 6 gram soluble fiber, without fortification, per serving

Other claims may appear on some labels

The guidelines in this brochure are for healthy adults and children aged two or older. A low fat diet may be harmful to children younger than two For information on special diets, contact your physician or a Registered Dietitian (R D) or Licensed Nutritionist

For more information on nutrition, heart health and heart disease, contact your local American Heart Association or call 1-800-AHA-USA1 (1-800-242-8721)

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Food and Drug Administration

American Heart Association

National Center
7272 Greenville Avenue • Dallas, TX 75231 4596

FDA 93 2260 AHA 51-1052 (CP)

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Serving Size

Is your serving the same size as the one on the label? If you eat double the serving size listed, you need to double the nutrient and calorie values. If you eat one half the serving size shown here, cut the nutrient and calorie values in half.

Calories

Are you overweight? Cut back a little on calories! Look here to see how a serving of the food adds to your daily total. A 5' 4", 138-lb. active woman needs about 2,200 calories each day. A 5' 10", 174-lb. active man needs about 2,900. How about you?

Total Carbohydrate

When you cut down on fat, you can eat more carbohydrates. Carbohydrates are in foods like bread, potatoes, fruits and vegetables. Choose these often! They give you more nutrients than sugars like soda pop and candy.

Dietary Fiber

Grandmother called it "roughage," but her advice to eat more is still up-to-date! That goes for both soluble and insoluble kinds of dietary fiber. Fruits, vegetables, whole-grain foods, beans and peas are all good sources and can help reduce the risk of heart disease and cancer.

Protein

Most Americans get more protein than they need. Where there is animal protein, there is also fat and cholesterol. Eat small servings of lean meat, fish and poultry. Use skim or low-fat milk, yogurt and cheese. Try vegetable proteins like beans, grains and cereals.

Vitamins & Minerals

Your goal here is 100% of each for the day. Don't count on one food to do it all. Let a combination of foods add up to a winning score.

Nutrition Facts

Serving Size 1/2 cup (114g)
Servings Per Container 4

Amount Per Serving

Calories 90	Calories from Fat 30
	% Daily Value*
Total Fat 3g	**5%**
Saturated Fat 0g	**0%**
Cholesterol 0mg	**0%**
Sodium 300mg	**13%**
Total Carbohydrate 13g	**4%**
Dietary Fiber 3g	**12%**
Sugars 3g	
Protein 3g	

Vitamin A	80%	•	Vitamin C	60%
Calcium	4%	•	Iron	4%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

More nutrients may be listed on some labels

Total Fat

Aim low: Most people need to cut back on fat! Too much fat may contribute to heart disease and cancer. Try to limit your calories from fat. For a healthy heart, choose foods with a big difference between the total number of calories and the number of calories from fat.

Saturated Fat

A new kind of fat? No — saturated fat is part of the total fat in food. It is listed separately because it's the key player in raising blood cholesterol and your risk of heart disease. Eat less!

Cholesterol

Too much cholesterol — a second cousin to fat — can lead to heart disease. Challenge yourself to eat less than 300 mg each day.

Sodium

You call it "salt," the label calls it "sodium." Either way, it may add up to high blood pressure in some people. So, keep your sodium intake low — 2,400 to 3,000 mg or less each day.*

*The AHA recommends no more than 3,000 mg sodium per day for healthy adults

Daily Value

Feel like you're drowning in numbers? Let the Daily Value be your guide. Daily Values are listed for people who eat 2,000 or 2,500 calories each day. If you eat more, your personal daily value may be higher than what's listed on the label. If you eat less, your personal daily value may be lower.

For fat, saturated fat, cholesterol and sodium, choose foods with a low % Daily Value. For total carbohydrate, dietary fiber, vitamins and minerals, your daily value goal is to reach 100% of each.

g = grams (About 28 g = 1 ounce)
mg = milligrams (1,000 mg = 1 g)

Terminology used on food labels:

Key Words	What they mean
Fat Free	Less than 0.5 gram of fat per serving
Low Fat	3 grams of fat (or less) per serving
Lean	Less than 10 grams of fat, 4 grams of saturated fat and 95 milligrams of cholesterol per serving
Light (Lite)	One third calories or no more than half the fat of the higher-calorie, higher-fat version; or no more than half the sodium of the higher-sodium version
Cholesterol Free	Less than 2 milligrams of cholesterol and 2 grams (or less) of saturated fat per serving

Nutrition Facts
Serving Size 12 oz
Servings Per Container 1
Amount Per Serving
Calories 340
% Daily Value

from: NYS OMRDD Guide to Food Purchasing for
Community HOmes

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THEME AREA 8, UNIT 66

Supplement 2

Worksheet -- Nutrition Labels

Use the Nutrition Facts chart in Supplement 2 to answer these questions:

1. How many grams is the total serving size?

2. How many calories are from fat?

3. How many calories is the percent daily value based on?

4. Why do they have two calories listings (2,000 and 2,500) at the bottom of the label?

5. What is an example of a dietary fiber?

6. Which of the following should be cut down in your diet?

   sugar, carbohydrates, fats

7. How much additional Vitamin C should be consumed in other foods to reach the total for the day?

8. Why do you think the cholesterol and sodium totals are the same for 2,000 calories and for 2,500 calories?

Recommended Food Quantities

MEATS: PORK AND LAMB	portion size	purchase unit	Amount(s) to purchase for service of:					
				4	8	10	12	16
Pork chops center cut	4 oz.	lb.		1¼	2¼	2¾	3¼	
Pork roast-Boston butt boneless	3 oz.	lb.		1¾	3¼	4	5	
Ham-bone in	3 oz.	lb.		2	4	5	6	
Ham—boneless	3 oz.	lb.		1¼	2½	3	3¾	
Pork roast shoulder picnic	3 oz.	lb.		1¾	3¼	4	5	
Pork loin	3 oz.	lb.		1¾	3¼	4	5	
Pork spareribs	3 oz.	lb.		3½	6½	8	9¾	
Pork sausage	2 oz.	lb.		1¾	1¼	1¾	2	
Pork tenderloin	3 oz.	lb.		1¼	2¼	2¾	3¼	
Bacon-sliced	2 sl.	lb.		½	1	1¼	1½	
Leg of lamb	3 oz.	lb.		1¼	2½	3	3¾	
Lamb chops shoulder cut	3 oz.	lb.		2	4	5	6	

NOTE:
1. Quantities are listed in pounds unless otherwise noted.
2. Use the blank column to insert quantities you use routinely in your home.

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Recommended Food Quantities

DAIRY PRODUCTS	portion size	purchase unit	Amount(s) to purchase for servings of:					
				4	8	10	12	16
Milk	8 oz	quart		1	2	2½	3	
Buttermilk	8 oz	quart		1	2	2½	3	
Cheese: Swiss Cheddar	2 oz	lb.		½	1	1¼	1½	
Yogurt	8 oz	lb.		2	4	5	6	
Cottage Cheese	4 oz	lb.		1	2	2½	3	
Ricotta	4 oz	lb.		1	2	2½	3	
Cream - Light or Heavy	1 oz	cups		¼	½	2/3	¾	
SOUPS								
Soup: Condensed	5 oz	10 oz can		2	4	5	6	

NOTE:
1. Quantities are listed in pounds unless otherwise noted.
2. Use the blank column to insert quantities you use routinely in your home.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 67

Interacting with the Medical Community

Job Context: Interacting with Medical Community

Communication Skills: Developing Connecting Skills; Relaying Information; Writing Skills; Problem-Solving Skills; Using a "Consult" Form

Objectives:
- recognize role as advocate for the individual
- practice communicating information
- use writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will review the procedures you need when interacting with the medical community.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker discussing a medical problem that may come up with an individual she works with, "Momma". This is a short video segment. It is only two minutes long.

The segment is on Videotape #2, and is labeled Segment 17[1]. It begins at 00:33:24 and ends at 00:35:42. Please note that the filming of this segment was not altogether clear. It may seem to be blurred or washed out.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 8, Unit 67). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

View Segment 17. On a sheet of looseleaf paper write down what the medical problem may be.

Learning Activity 2

Consider this scenario:

It is the weekend after Momma got her new shoes. You check her feet and notice there are blisters on the back of her heels. In addition, there is a sore on her left toe that is oozing and looks like it may be infected. You refer this problem to the nurse at your site. She suggests that Momma be taken to the doctor. You arrive at the doctor's office with Momma. How will you communicate what happened to the doctor?

On a sheet of looseleaf paper, write a script of your conversation with the doctor about Momma's injury. Write it as you would write a play, with two characters talking to one another.

For example:

Direct Care Worker: Hi! This is Mrs. Smith. She resides at a local community home. We made an appointment to see you because she has a problem with her feet.

Doctor: Have a seat in my consultation room. I'll be with you in a minute.

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 3

Supplementing this unit are some forms that would be completed when medical care is needed, from the West Seneca DDSO. You may or may not use the same or similar forms at your worksite. Review the forms in the Supplement. Then answer the questions on the worksheet that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your work from Learning Activity 1 and Learning Activity 2
- Your worksheet from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 8, UNIT 67

SUPPLEMENT

DDSO MISC. #81

APPOINTMENT QUESTION FORM

NAME ______________________ DATE ______________________

NAME/LOCATION OF HEALTH CARE PROVIDER ______________________

PRESENTING PROBLEM: ______________________

PHYSICIAN'S FINDINGS: ______________________

NEW DIAGNOSIS: ______________________

WHAT ARE IMPORTANT THINGS TO LOOK FOR: ______________________

IS THERE A NEW MEDICATION -

Name ______________________
Dose ______________________
Frequency ______________________
Side Effects ______________________
Duration of Order ______________________
Prescription Obtained - Yes ____ No ____ Refills (circle) 0, 1, 2, 3, 4, 5

IS THERE A NEW TREATMENT:

Name: ______________________
Dose: ______________________
Frequency: ______________________
Instructions for Application ______________________
Side Effects ______________________
Duration of Order ______________________
Prescription Obtained - Yes ____ No ____ Refills (circle) 0, 1, 2, 3, 4, 5

HAVE MEDICATIONS/TREATMENTS BEEN DISCONTINUED -

Name: ______________________
Effective Date/Hr. to D/C ______________________
Other Pertinent Information ______________________

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* LAB WORK ORDERED ______________________________

* LAB WORK COMPLETED ______________________________

DATE OF RETURN VISIT ______________________________

REFERRAL TO ANOTHER SPECIALIST/CLINIC

WHO ______________________________

WHERE ______________________________

WHEN ______________________________

OTHER ______________________________

*Lab work includes blood work, urinalysis, x-rays, EKG, EEG, etc.

Signed ______________________________

Dated ______________________________

WEST SENECA DEVELOPMENTAL DISABILITIES SERVICE OFFICE

HEALTH CARE DATA SHEET

(For Clients in Community Residences)

NAME ____________________

CONSEC. # ____________________

SERVICE	DATE	WHERE SERVICE DELIVERED	REASON FOR VISIT, TREATMENT	TREATMENT, MEDICATIONS, RECOMMENDATIONS, ETC. (Close entry with full signature and title)

USE OF THIS FORM:
- -for documenting dates of medical/dental/etc. visits, as well as orders, findings, and recommendations
- -for recording clinical recordings that are not recorded routinely on another form
- -for documenting laboratory procedures (date and outcome)
- -for recording clinical procedures such as injections

WEST SENECA DEVELOPMENTAL DISABILITIES SERVICE OFFICE

FORM COMPLETION GUIDELINES

HEALTH CARE DATA SHEET - FORM DDSO-CR 82-8

The HEALTH CARE DATA SHEET provides DDSO Clinical Staff with quick access for review of a client's medical/dental profile and the Interdisciplinary Treatment Team with a consistent method for developing goals at Case Review Meetings.

FORM INSTRUCTIONS:

1. The Health Care Data Sheet is a form documented in chronological sequence by Community Residence staff.
2. The form is used to document:
   a. Medical/dental visits
   b. Clinical recordings not routinely documented on another form
   c. Laboratory procedures
   d. Clinical procedures such as injections
3. Record the client's name and consecutive number on each form.
4. For each entry, complete all columns appropriately:
   a. Service (record the type of service rendered/clinic visit)
   b. Date (record the actual date of service/visit)
   c. Where service delivered (specify site/location of service/visit)
   d. Seen by
   e. Reason for visit, treatment
   f. Treatment, medications, recommendations
5. Each entry should be closed with a full signature and title.
6. The Health Care Data Sheet should be maintained in the Community Residence Living Unit Chart filed in the Medical Section (Section III).

9/82

DDSO-CR 82-8

NAME (Last) (First) (M.I.)	C NO./DDIS NUMBER	DATE OF BIRTH	GENDER
ADDRESS	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE	MEDICAID NUMBER		

PERTINENT CLINICAL HISTORY

This is to confirm your telephone/verbal orders to:
________________________ on ______________ for the
(name of staff receiving order) (date)
above-named client.

PRESENT MEDICAL CONCERNS

SPECIFIC ORDERS: ________________________

PRESENT MEDICATIONS

Signed ________________ Title ________________ Date ________________

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT ________________

To verify the order, kindly sign your name below and return this original consult to:

Name: Joyce Arkins, R.N.
Address: West Seneca DDSO - Building 16-3E
1200 East & West Road
West Seneca, NY 14224
Telephone: 674-6300, Extension 3145

(You may keep a copy for your records)

If you have further orders, kindly list below in the space provided: ________________________

(USE BACK OF FORM IF NECESSARY)

Signed ________________

	OMRDD 37 MED (MR) (10-82)
FACILITY/AGENCY	**MEDICAL INFORMATION COMMUNICATION TRANSMITTAL**

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THEME AREA 8, UNIT 67

Supplement

Worksheet

- **Appointment Question Form**

1. What is the purpose of this form?

2. How would a center or community home use the information on the form?

3. On the last line of page 1: What does **pertinent** mean?

- **Health Care Data Sheet**

4. Where on the form is the purpose of the form stated?

5. On the column headings, 4th column: What is meant by "**close entry** with full signature and title"?

- **Medical Information Communication Transmittal**

6. What is meant by **transmittal** in this title?

7. Why do you think it is important to confirm telephone orders in writing?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 68

Spelling Review

Job Context: Note and Report Writing

Communication Skills: Spelling; Dictionary Skills

Objectives:

- review words most often misspelled
- review spelling rules
- review using a dictionary for spelling and meaning

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

As a Direct Care Worker, you will be asked to write clear and accurate notes, log entries, and reports. These professional communications require accurate spelling. In Unit 14 you reviewed some basic spelling rules and learned a technique for self-study of spelling words.

In this unit you will continue developing your spelling skills.

Learning Activity

Study Chapter 14 in your **Writing Skills Handbook**, pages 89 - 98. Then complete the colored worksheets in your worksheet packet. The worksheets are headed **14: Spelling.** Do the exercises on the first set and the second set.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheets for the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 69

Leisure and Recreational Activities

Job Context: Assessing Individual's Daily Living Activities

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- review written material on leisure and recreational activities
- practice writing

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review the meaning of leisure and recreational activities.

Learning Activities

Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

As a Supplement to this unit is an Information Sheet from an OMRDD **Learning Guide to Individualized Instruction**. Read the Information Sheet. Then answer the questions that follow. Check your answers on the answer key provided.

Learning Activity 2

Think about the leisure and recreational activities in your own life. In an e-mail message to your Instructor, make a list of the leisure activities and a list of the recreational activities that you enjoy.

Learning Activity 3

Write an e-mail message to your e-mail partner with a copy to your Instructor. Pick one of the leisure activities or recreational activities that you put on your list in Learning Activity 2. Describe the activity to your e-mail partner. Do you do this activity alone or with other people? How did you first get introduced to this activity? What about the activity do you enjoy most?

Be sure to use complete sentences and apply the grammar rules you have learned so far such as subject and verb agreement. Be sure to edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your lists from Learning Activity 2
- A copy of your e-mail message to your e-mail partner from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Organizes leisure/recreation activities.

Task: 5.1 Plan and construct activities for small groups of clients.

INFORMATION SHEET #1

"WHAT ARE RECREATION AND LEISURE ACTIVITIES?"

A Leisure Activity Is...

-an activity that makes the individual relax.

-an activity that makes the individual feel good about him or herself.

-an activity that makes the individual feel good about the place where the activity takes place -- a safe comfortable place.

-an activity that does not cause stress or tension.

-an activity that makes an individual feel rested.

-leisure activities are usually done in one's spare time. They are unstructured and don't require a lot of planning.

A Recreation Activity Is...

-fun for the individual involved.

-an activity that is different from the individual's work or training.

-a special activity that the individual can learn from, but doesn't have to learn in order to live from day to day.

-at times physical exercise.

-at times mentally challenging.

-at times a totally new experience.

-an activity that is usually not done everyday.

-an activity that adds to the quality of the individual's life.

Go to next page to finish reading about recreation and leisure.

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Duty: Organizes leisure/recreation activities.

Task: 5.1 Plan and construct activities for small groups of clients.

When we say *leisure activity* we mean a behavior which is *restful* to the individual.

When we say *recreation activity* we mean a *structured activity or event* that is refreshing to the body or mind. It can be some sort of play like games, sports, or hobbies; or it can be an amusement or social activity.

Any recreation activity could be leisure to certain individuals, but not all leisure is recreation (e.g. watching television, swinging on a hammock, or getting a manicure.)

Many times leisure activities are more quiet and passive.

Recreation activities tend to be more active, involve movement, or going to another location.

Both *leisure* and *recreation* activities should be *fun* for the individuals involved.

It is the responsibility of staffpersons to help direct clients to activities which are age appropriate (e.g. adults do not use crayons with Smurf coloring books, and children do not go to Rambo movies.)

All individuals regardless of disability have a right to access and choice when it comes to leisure and recreation activity.

Go to next page and begin to answer questions concerning recreation and leisure. You may refer back to Pages 4 and 5 for help to answer these questions.

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Duty: Organizes leisure/recreation activities.

Task: 5.1 Plan and construct activities for small groups of clients.

ACTIVITY SHEET #1 QUESTIONS
BASED ON INFORMATION SHEET #1

Sally and Carl are sitting in the livingroom playing cards. Sally is calm, laughing and having a good time.

Carl tells Sally that he is stupid because he is playing so badly. He is wringing his hands, sweating, and seems very nervous.

(Please check T for True or F for False)

1. Playing cards is a good leisure time activity for Sally?

_______T _______F

2. Playing cards is a good leisure time activity for Carl?

_______T _______F

Phillip loves to go to the museum. Since Phillip speaks little and shows few recreation or leisure time interests many staffpeople are surprised by his interest. He in fact becomes so excited before going that he has thrown up several times. The staffpeople have many opinions about Phillip's trips to the museum. Indicate if you agree or disagree with their opinions.

3. Because he has thrown up on occasion, this is not a good recreation/leisure activity for Phillip .

_______T _______F

4. Staffpeople should concentrate on helping Phillip stay calm before going rather than taking away his pleasures.

_______T _______F

Please continue answering questions on the next page.

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Benny really enjoys knitting. He is very good at it and works on hats, mittens, and vests almost every night. Many staffpeople feel that Benny needs more physical exercise. They feel he should spend the time he uses for knitting to be involved in more physical activity. They also state that since his eyesight is getting so poor he should not do so much fine work.

5. Benny's knitting is a leisure time activity.

________T ________F

6. The staffpeople who want him to change his behavior are suggesting another leisure time activity instead of knitting.

________T ________F

7. Benny has a right to continue his knitting even if he needs more physical activity and is having trouble with his eyesight.

________T ________F

8. Is it possible for Benny to strengthen his body and eyes without giving up knitting?

________T ________F

9. Some staff members say that Benny knits because he is mentally disabled. A man shouldn't do something so feminine, and it is the staffs' responsibility to help change his activity.

________T ________F

Go to next page and find answers for questions 1 to 8.

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Answer Key: Questions 1 to 8.

1. ____X____ T ________ F *"Sally is calm, laughing, and having a good time."*
2. ________ T ____X____ F *"Carl is wringing his hands sweating, and seems very nervous."*
3. ________ T ____X____ F *"Phillip loves to go to the museum...and shows few recreation/leisure interests."*
4. ____X____ T ________ F *"He...becomes so excited* ***before*** *going that he has thrown up..."*
5. ____X____ T ________ F It is an *unstructured, spare time* activity.
6. ________ T ____X____ F The *physical* activity suggested would be *recreation* not *leisure*.
7. ____X____ T ________ F *"All individuals...have a right to access and choice."*
8. ____X____ T ________ F Sure, there are other activities which could help do this.
9. ________ T ____X____ F **Although it is the responsibility of staff-persons to direct clients to age appropriate activity, it is also their duty to respect the decisions and values of clients.**

from: State of New York OMRDD
Learning Guide for Individualized Instruction
Duty: Organizes Leisure/Recreation Activities
Task: 5.1 Plan and Construct Activities for Small Groups

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 70

Assessing an Individual's Leisure Interests

Job Context: Assessing Individuals' Daily Living Activities

Communication Skills: Reading Comprehension; Writing Skills; Problem-Solving; Locating Information

Objectives:

- review written material on leisure and recreational activities
- apply procedure to practice
- practice writing
- practice locating information
- employ problem-solving skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review how to find the proper sources to use in assessing an individual's leisure and recreational interests.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 8, Unit 70). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

As a Supplement to this unit is an Information Sheet from an OMRDD **Learning Guide to Individualized Instruction**. Practice pre-viewing skills in order to increase comprehension Read the title and dark printed headings first. Then try to predict what the article is about. Then read the Information Sheet. Then answer the questions that follow. Check your answers on the answer key provided.

Learning Activity 2

Pick an individual you work with, a co-worker, a friend, or a member of your family. Over the next few days, find out what this person's recreational and leisure interests are by following the steps outlined in the Supplement to this unit:

1. Talk to the person;
2. Observe the person;
3. Read about the person (if possible);
4. Talk to others about the person.

Take notes on what you find out.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Organizes leisure/recreation activities.

Task: 5.1 Plan and construct activities for small groups of clients.

INFORMATION SHEET #2

"FINDING SOURCES TO ASSESS CLIENTS' RECREATION/LEISURE INTERESTS"

There are 4 basic ways (points A. to D.) to assess a client's recreation and leisure interests. To use these sources you must ***talk, observe, and read.***

Talk.....to the client and others.

Observe..the client.

Read.....records.

A. The first place to start is to *talk to the client*. Ask her what she enjoys doing and what they might want to do in the future. For a client who has trouble expressing herself you may want to use some aids to help the conversation. You can use pictures and magazines that show leisure and recreation activities. Start by allowing the client to look through the pictures and pick out the ones which interest her.

If you are working with a non-verbal client, or any client with difficulty expressing desires with words, you might want to use another way as well. Be prepared to ask the client questions concerning possible recreation/leisure activity. You can base your questions on a ***Recreation Survey*** like **Appendix A**. Be sure to be prepared with as many pictures as you can to match the items on the survey.

Another way to talk to clients about recreation/leisure interests is to have a group meeting. Other clients may name activities that the client you are assessing will be interested in too.

Remember: one of the best ways to ask clients what their recreation/leisure interests are is to say to them, "what would you like to do to have fun?"

Go to next page and continue reading

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B. A second way to gather information about a client's recreation/leisure interests is to ***observe*** him. Watch what attracts his interest. This can be done either when the client is in a structured activity, or during "spare time." Many clients spend a tremendous amount of time watching television (***this is not to say that you should be watching T.V. with clients. This does not help clients develop leisure skills.)*** But if the client is watching T.V. you should note the types of activities that interest him. Watch the client you are assessing when they interact with other people. What captures his interest?

C. A third way to assess interest is to ***read the client's records and recreation survey.*** If you are able to get a survey that a recreation therapist has completed, you should get a number of ideas of recreation/leisure desires.

D. A fourth way to assess the clients likes and dislikes is to ***talk with other people who know the client.*** This can include: staffpeople from other day, residential, and recreation programs. The client's friends might know a lot about his likes and dislikes. Another source of information would be the client's family.

Note: it is important to ask all you speak to about her level of skill in these activities.

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Duty: Organizes leisure/recreation activities.

Task: 5.1 Plan and construct activities for small groups of clients.

ACTIVITY SHEET #2 QUESTIONS
BASED ON INFORMATION SHEET #2

Sally's recreation survey provides much information about her recreation/leisure interests. She enjoys playing table games, going on trips, cooking, and looking for stones and shells on the beach. Her survey notes that she is very afraid of going into water and is afraid of heights. She also becomes claustraphobic (feels closed in) in crowds.

Her medical record clearly states that her medication makes her photosensitive. She cannot be out in the sun without sunblock and a hat.

When interviewed about her interests she says that she likes to "go on vacation," have picnics, play cards, and listen to the radio.

At the day program she chooses cooking class as often as possible. She likes to cook and serve lunch to others. She also has used her stone collection to make trays. She arranges the stones in plaster of paris that is poured into a wooden frame. She likes to serve her "luncheons" from these trays.

Her mother takes her on vacation to Cape Cod every summer. She comes back to the residence with bags of stones and shells. Her mother says that at Cape Cod Sally likes to water the flowers and work in the vegetable garden. She especially likes to cook vegetables she has picked from the garden. Her sister reports that she loved going to an amusement park. The bumper cars and hall of mirrors were her favorites.

(Please mark with an X the most appropriate recreation/ leisure activity considering Sally's interests.)

1. a. _____Going swimming

   b. _____Walking on the beach

   c. _____Riding on the Ferris Wheel

Please continue answering questions on next page.

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2. a. _____Starting an herb garden

   b. _____Going to a hardware store to buy plaster of paris

   c. _____Taking a subway to the Botanical Gardens

Observing Phillip shows that he is almost totally non-verbal. He will say yes or no at times, but those are the only words he uses. He is able to express to others when he is happy or sad though. When he is unhappy about something he becomes agitated, clenches his fists, tightens up his face, rocks in place, and grunts. When he is happy he smiles a lot.

His record states that many situations make him anxious, and he takes a medication to keep him calm. Phillip has many interests and likes to do things outside of the residence, but traveling to activities can be very stressful for Phillip. The recreation therapist suggests that when on recreation trips a staffperson should give Phillip almost constant attention. If something is bothering Phillip, and no one notices or helps him, he may at times hit someone to get attention. Noise and confusion bother Phillip. If he gets one to one attention in these situation, he can usually control himself.

His recreation survey states that Phillip loves to look at and listen to things. He loves records (especially rock groups), movies, dances (if he has someone to stay with him and dance), and museums. He is also very content to look out the window when riding on an uncrowded public bus or the residence van, if it isn't crowded.

Phillip's day treatment program says that Phillip isn't interested in much of anything except going to a swimming program once a week. They say that he tries to put on his swimming suit everyday. He is very proud of the fact that he is learning to swim. He has a number of behavioral problems at that program. He is always in a large group there and he isn't very happy with so many people.

Phillip has no family contact, but a volunteer has visited him for many years -- since before coming to live in the residence when he lived in the developmental center. He says that Phillip was born into a very large family. Since he was mentally retarded he got very little attention before he moved to the developmental center. The volunteer has seen Phillip's interest grow the fastest when he could have close contact with a staffperson. If staffpeople will take Phillip places without stressful travel, or big crowds, he will enjoy himself much more.

Please answer questions on next page.

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(Please mark with an X the most appropriate recreation/ leisure activity considering Phillip's interests.)

3. a. ______Going to a rock concert

b. ______Driving to the zoo with 2 other clients

c. ______Waiting in line to see a new movie

4. a. ______Spending the afternoon at a small uncrowded pool

b. ______Buying tickets to see a big museum show

c. ______Taking all of the residents to a restaurant

When observing Benny one immediately notices that he has much trouble walking. The movement of his arms is jerky as well. It is really amazing how well he can knit considering how twisted his hands are.

His record states that he has cerebral palsy as well as being mentally retarded. He also has a heart problem. It is suggested that he exercise only moderately, and rest after exercising. The physical therapists report says that short periods of swimming would be the best exercise for him, and he greatly enjoys this.

Benny is very verbal and loves to talk. He is generally very easy going and is willing to provide much information about his recreation and leisure interests. He is very opinionated and tells staff that it is none of their business when they tell him he shouldn't knit. He seems to be proud of the fact that he can do it at all. He lists his interests as being: dating, going out to eat, drinking cocktails, watching comedies, going on trips, getting a suntan, buying clothes, and kissing.

Benny is able to go to social events independently and date, as he has travel and money skills. He is also able to purchase clothes by himself.

Observing Benny shows something that the records and surveys don't. He is a real leader. He makes many decisions for the group in the residence. The other residents all tend to do what he tells them to as well. He can become somewhat bossy at times, and asks others to do things for him which he could do himself. He is very kind to others, though.

Continue reading on the next page.

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The day program staff are very fond of Benny and report that he responds well to almost any new activity as long as it does not demand a lot of physical activity.

His mother is the person who started him knitting. She is convinced that if he used his body more that he wouldn't have as serious physical limitations as he has (the physical therapist says this is not true.) She reports that as a teenager all he did was sit in the back yard and sunbathe while knitting. She says that he was "vain and lazy" his entire childhood.

(Please mark with an X the most appropriate recreation/ leisure activity considering Benny's interests.)

5. a. _____Taking an exercise class
   b. _____Going for a long walk in the park
   c. _____Attending a recreation trip to a night club

6. a. _____Shopping for a new suit to match the gray and maroon vest he knitted for himself
   b. _____Learning how to ride a bicycle
   c. _____Working on a jigsaw puzzle

from: NYS OMRDD Learning Guide for Individualized Instruction

Go to next page to find the answer key.

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Answer Key: Questions 1 to 6.

1. a. ______Going swimming
   b. ___X___Walking on the beach
   c. ______Riding on the Ferris Wheel

Sally is afraid of going into water, and is afraid of heights, but she loves to collect stones and shells.

2. a. ___X___Starting an herb garden
   b. ______Going to a hardware store to buy plaster of paris
   c. ______Taking a subway to the Botanical Gardens

Sally enjoys gardening and cooking with what she has grown. She doesn't like crowds or closed in places like the subway, and shopping at the hardware store isn't a recreation activity.

3. a. ______Going to a rock concert
   b. ___X___Driving to the zoo with 2 other clients
   c. ______Waiting in line to see a new movie

Both the rock concert and waiting in line for a movie would mean that Phillip would have to deal with crowds. Crowded situations are difficult for him. The van ride to the zoo is the sort of small-group trip which Phillip is able to handle.

4. a. ___X___Spending the afternoon at a small uncrowded pool
   b. ______Buying tickets to see a big museum show
   c. ______Taking all of the residents to a restaurant

The second two choices mean crowds again. Phillip reacts well to small-group activity of personal interest.

5. a. ______Taking an exercise class
   b. ______Going for a long walk in the park
   c. ___X___Attending a recreation trip to a night club

Unless the exercise class was geared to Benny's health needs it would probably be too taxing, as the long walk would be. Benny would be able to do many of his favorite social activities at a night club.

6. a. ___X___Shopping for a new suit to match the gray and maroon vest he knitted for himself
   b. ______Learning how to ride a bicycle
   c. ______Working on a jig saw puzzle

Bicycling would be too physically demanding for Benny. A jigsaw puzzle might over tax his eyes and hands. He could shop for the suit by himself and he is interested in how he looks.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 8

Managing Daily Living Activities

UNIT 71

Finding Sources for Leisure Activities

Job Context: Planning Individuals' Daily Living Activities

Communication Skills: Reading Comprehension; Problem-Solving; Locating Information; Planning Skills

Objectives:
- review written material on leisure and recreation activities
- apply procedure to practice
- find methods to locate resources for activities in the community
- locate resources for activities in the community
- employ problem-solving skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review how to find sources for leisure and recreational activities in the local community.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 8, Unit 71). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplementing this unit is an information sheet from an OMRDD **Learning Guide to Individualized Instruction.** Read the Information Sheet. Then answer the questions that follow. Check your answers on the answer key provided.

Learning Activity 2

Over the next few days, check the local resources available to you for leisure and recreational activities. Refer to at least **three** different resources. Think about the individuals you work with and make a list of activities that might be of interest to them. Or, if you prefer, make a list of the leisure and recreational activities that are of interest to you. Write down the sources that you used for your information.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Organizes leisure/recreation activities..

Task: 5.5 Identify and use community-based leisure and recreational activities.

and

Task: 5.6 Establish/Maintain rapport with recreational contacts.

INFORMATION SHEET #1

"WHERE TO FIND SOURCES FOR LEISURE/RECREATION ACTIVITIES IN THE LOCAL COMMUNITY"

A Leisure/Recreation Source Is...

- -a place to find information about possible leisure and/or recreation programs for individuals.

- -a resource that can take many forms. It can be in a newspaper, magazine, catalog, brochure, calendar of events, an announcement on television or radio, come from telephone information, or can be from word of mouth.

The more creative you become, the more sources you will find! Look for leisure/recreation ideas in the following sources...

- -*"What's Happening"* Section of a neighborhood newspaper.
- -*"Leisure"* Section of the daily newspaper.
- -*"Weekend"* Section of the Friday newspaper.
- -*"Arts And Leisure"* Section of the Sunday newspaper.
- -Regional magazines that list cultural events such as *"Adirondack Life," "New York Magazine," "Buffalo Magazine,"* and *"Long Island Life."*
- -Brochures from the *Chamber of Commerce*, or *Office of Tourism*.
- -Listings of events from local, state, or federal *Department of Parks and Recreation*.
- -Get on the mailing list for *cultural organizations*.
- -Organizations that offer *free or discounted tickets* to cultural and recreation events such as *Hospital Audiences Inc*.
- -Programs offered at *local schools and colleges*.
- -Recreation/leisure programs offered by agencies with programs for *people with development disabilities*.

Go to next page to finish reading about finding recreation and leisure resources.

SIG 5.5, 5.6

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-Programs offered by public recreation and leisure organizations such as the *YMCA, YWCA, YMHA, YWHA, Boy's and Girl's Clubs, Boy and Girl Scouts, Junior Achievement, etc.*

-Senior citizens programs for older adults.

(Note: look for this sort of agency in the Yellow Pages of the phone book under: ***Social Service Agencies.****)*

-And don't forget your best resource for information about possible recreation/leisure activities...***the participants themselves.***

-Gather all of the materials that you can find, ask the group to bring their own materials, and sit down with an individual or a group. Read over the materials, discuss the activities, and get feedback on interest. Let the participants do most of the talking. ***The point of this planning is to help the individual to become as independent as possible in planning leisure/recreation time.***

-Make a list of 10 possible leisure/recreation activities to allow for a broad set of choices.

Don't reject a possible resource because you think it offers leisure/recreation that is not appropriate for the person(s) you have in mind. Don't make a judgement until after you have reviewed what the program has to offer, and discussed ideas with the participant. Sometimes you will be surprised!

It is important to keep in mind that individuals do not need to be in recreation or leisure programs planned just for people who are developmentally disabled. If group members have the social skills needed to join groups open to the public — they should be encouraged to do so.

Individuals should be encouraged to consider activities that may differ from what they usually do. Help individuals to see that there are many possibilities to choose from.

Go to next page and begin to answer questions concerning recreation and leisure resources. You may refer back to Page 5 and 6 for help to answer these questions.
SIG 5.5, 5.6

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ACTIVITY SHEET #1 QUESTIONS
BASED ON INFORMATION SHEET #1

Marc Braunstein is a high functioning individual who has had many leisure and recreation experiences. He is in his mid-fifties. Marc has traveled to Hawaii and has been saving money for two years to go on a trip to Europe with one of his recreation clubs. Marc is very verbal about his recreation and leisure time interests. He looks at newspapers daily to see what might interest him. He can be a big help in residence meetings called to plan for recreation and leisure activities. Marc does tend to do the same recreation and leisure activities over and over though.

Please answer ***True*** or ***False*** to the following statements:

1. Since Marc is capable of planning his own leisure/recreation plans, he does not need assistance in locating sources from staffpeople.

*T*______ *F*______

2. It is not worth looking at a brochure from the YMCA (***Young*** Men's Christian Association) because Marc is not a young man any more, and attends the neighborhood Jewish congregation.

*T*______ *F*______

Lily Sunshine is a woman who holds very strong opinions. Lily has much trouble expressing herself though. One reason for her difficulty in explaining her feelings is that she is severely mentally retarded. She easily becomes frustrated in social settings that demand things of her that she doesn't want to do. When she is put under this kind of stress, it is very difficult for her to state directly what she needs. She usually throws some kind of a tantrum because she is not able to state what is wrong. It is important for Lily to be able to make decisions about what she does, but she also needs leisure/recreation programs that will be patient and understanding of her needs.

Go to next page and answer questions about Lily Sunshine.

SIG 5.5, 5.6

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3. Even though Lily has a number of problems when in social situations, staffpeople ***should not*** limit their search of recreation/leisure activities to only those for people who are mentally retarded.

*T*______ *F*______

4. Since Lily has trouble expressing herself, staffpeople should make decisions for her about what leisure/recreation activities to attend.

*T*______ *F*______

Awilda Guzman is a woman who the staff thought had two personalities. It took several years for most of the residential staffpeople to understand that the problem was more theirs than Awilda's. Awilda is much more talkative, outgoing, and capable when others speak Spanish with her. Her understanding and comfort with English is low. Awilda has been diagnosed as being severely retarded, but many staff wonder if this is a good diagnosis since the test was given in English. She is 63 years old and has recently taken early retirement from the workshop due to arthritis. She attends a Spanish-speaking church and has become active and well accepted in the Altar Guild.

5. A Senior Citizen program with Hispanic members might be an excellent leisure/recreation resource for Awilda.

*T*______ *F*______

6. Leisure/recreation events where English is spoken should not be considered for Awilda.

*T*______ *F*______

Find Answer Key on the next page.

SIG 5.5, 5.6

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Answer Key: Questions 1 to 6.

1. ________T ____X____F *"Individuals should be encouraged to consider activities that may differ from what they usually do."*

2. ________T ____X____F *"Don't reject a possible resource because you think they offer leisure/recreation that is not appropriate for the person(s) you have in mind. Don't make a judgement until after you have reviewed what the program has to offer, and discussed ideas with the participant."*

3. ____X____T ________F *"It is important to keep in mind that individuals do not need to be in recreation or leisure programs planned just for people who are developmentally disabled."*

4. ________T ____X____F *"Let the participant do most of the talking. The point of this planning is to help the individual to become as independent as possible in planning leisure/recreation time."*

5. ____X____T ________F *"If group members have the social skills needed to join groups open to the public—they should be encouraged to do so."*

6. ________T ____X____F *"Don't reject a possible resource because you think it offers leisure/recreation that is not appropriate for the persons(s) you have in mind. Don't make a judgement until after..."*

from: State of New York OMRDD
Learning Guide for Individualized Instruction
Duty: Organizes Leisure/Rec. Activities
Task: 5.5 Identify and Use Community-Based Leisure and Recreational Activities

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 72

How To Improve Your Work

Job Context: Improving Job Productivity and Efficiency

Communication Skills: Reading Comprehension; Problem-Solving Skills; Writing Skills

Objectives:

- review written material on problem-solving
- recognize strengths and areas of needed improvement in job skills
- practice writing skills
- employ problem-solving strategies

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

This Theme Area will give you some ideas of how to improve your productivity and job efficiency through personal development. For this unit you will think about your own job and ways you could improve your work.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 9, Unit 72). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

What things do you do especially well on your job? What could use a little improvement? Divide a sheet of looseleaf paper into two columns. Head one column **What I Do Well**. Head the second column **What Needs Improvement**. Make a list under each column of the things you do well on the job and the things you could do better.

Learning Activity 2

Turn to the Supplement to this section and read the **Rules for Brainstorming**.

Now look again at your list of **What Needs Improvement**. What are some steps you could take to improve your work? Brainstorm some ideas. Come up with as many solutions as you can but write at least three ideas for each of the points you have on your list. Remember, don't edit your thinking. Write down everything you come up with no matter how strange it seems. Remember, all your work in the Distance Learning Program is confidential. Only your Distance Learning Instructor will read this.

Now look over the list you just created. Circle the one solution that you think would work best in improving your work in this area.

Learning Activity 3

Using your notes from Learning Activity 1 and Learning Activity 2, write an e-mail message to your e-mail partner with a copy to your instructor. Begin by telling your partner the things that you do well on the job. Then talk about the areas where you feel you could improve your work and some possible ways you can address these areas. If possible, make suggestions to your partner. Share ideas about what has worked for you in specific areas on the job.

Use complete sentences. Remember to spell-check and edit your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 1 and Learning Activity 2

Send by e-mail

- A copy of your e-mail message to your e-mail partner from Learning Activity 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Rules for Brainstorming

- Go for quantity, not quality. The more ideas you come up with, the better. You are not concerned now with their workability.
- Build on the ideas of others.
- Include the weird and way out. Such ideas may help you break out of a mental rut.
- Withhold all judgement. It is not important now to consider whether a solution will work.

After you have come up with a variety of solutions, you can begin to decide which one has the best chance of working.

from: State of NY OMRDD
Problem Solving and Decision Making Supplemental Learning Guide

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 73

Stress Management

Job Context: Reducing Stress on the Job

Communication Skills: Reading Comprehension; Vocabulary Skills

Objectives:
- learn or review scientific vocabulary
- demonstrate understanding of vocabulary

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review terminology used in discussing management of stress and read about the definition, cause, and effect of stress.

Learning Activity 1

Supplement 1 is an information sheet from an OMRDD **Learning Guide to Individualized Instruction** on terms used in discussing management of stress. Read the Information Sheet. Then answer the questions that follow. Check your answers on the answer key provided.

Learning Activity 2

Supplement 2 is an information sheet from an OMRDD **Learning Guide to Individualized Instruction** on the definition and description of stress. Read the Information Sheet. Then answer the questions that follow. Check your answers on the answer key provided.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- A brief note letting your instructor know you completed this unit along with any comments or questions you may have

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Maintains Health

Task: Manage Stress

Resource #1

Objective # 1: Define terms used in discussing management of stress.

Directions: This section of the Learning Guide defines terms used in discussing management of stress. Study the definitions carefully. This information will assist you in understanding explanations that follow.

Terminology

Adaptation -	The process of coping with stress in order to control stress and restore balance.
Coping Mechanisms -	Factors that affect an individuals ability to restore balance following a stressful event.
Cultural -	Learned patterns of values, beliefs, customs and behaviors that are shared by a group.
Developmental -	Act, process or result of developing, growth progression through the life span.
Environmental -	Objects, conditions, circumstances that surround us.
Genetic -	Pertaining to hereditary (family) factors.
Physiological -	Bodily responses; concerning body function.
Psychological -	Mental, dealing with the mind, mental or behavioral characteristics.

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Duty: Maintains Health

Task: Manage Stress

Socioeconomic - Characteristics that involve both social and economic factors.

Stress - The nonspecific response of the body to any kind of demand.

Test your Knowledge of Terms used in discussing management of stress by completing Activity #1 - Resource #2.

Duty: Maintains Health

Task: Manage Stress

Activity #1

Resource #2

Directions: Match each term with the correct definition.

____	1.	Genetic	a.	factors that affect an individual's ability to restore balance
____	2.	Cultural	b.	dealing with the mind
____	3.	Coping Mechanisms	c.	pertaining to hereditary (family) factors
____	4.	Psychological	d.	conditions that surround us
____	5.	Environmental	e.	learned patterns of values, beliefs, customs and behaviors that are shared by a group.

Correct your responses by using the Answer Key on the following page. If you did not score 100%, restudy Resource #1 and repeat the Self Check.

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Duty:	Maintains Health
Task:	Manage Stress

Answer Key
for
Activity #1

1. C
2. E
3. A
4. B
5. D

Duty: Maintains Health

Task: Manage Stress

Resource #1

Objective # 1: Define Stress.

Objective # 2: Describe physiological and psychological responses to stress.

Directions: This section of the Learning Guide defines stress and describes its causes and effects. Study the information carefully. A clear understanding of stress is essential for successful management.

Stress as defined by Hans Selye is "The non-specific response of the body to any kind of demand made upon it." These demands are called stressors. The amount of stress experienced depends on the intensity of the demand and the individual's response.

Stressors may be psychological (giving a speech), physical (an infection), socioeconomic (loss of a job), environmental (noise), developmental (old age), cultural (need to adjust to expectations of others) or genetic (birth defect). Selye describes the body's response to stressors as the adaptation syndrome.

The response (adaptation) is very individual. That it, what may be very stressful for one individual may not cause any imbalance for another. In fact, some people thrive on challenges that would make others collapse. This difference is thought to be based on the individual's attitude toward the stressor and his/her ability to meet the demands of the situation.

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Duty: Maintains Health

Task: Manage Stress

It also is important to recognize that stress may result from both pleasant and unpleasant situations. Pleasant or good stress is called eustress. The birth of a child or a marriage is a pleasant stress.

Good stress will energize and motivate. Unpleasant stress is called distress. Situations such as divorce or death of a family member cause distress. During both eustress and distress, the body experiences the same non specific responses. However, eustress causes less damage to the person than distress. Distress can cause physical and emotional illness. The number of stressors occurring within the same time period, the severity of each stressor and the individual's ability to cope (adapt) influence the illness response.

Adaptation - Response to Stress

Whether the stressor is physical such as a change in room temperature or psychological such as the loss of a loved one, the individual is forced to adapt to the situation. Adaptation is the process of coping with stressors in order to control the stress and restore balance.

Research has demonstrated that there are a variety of responses to different types of stress. Some responses are physical, like a headache or an infection, others are psychological that may be expressed by a change in behavior. Changes are dependent on the individual's ability to cope (adapt).

A demand on one system will affect the other. Therefore, it is believed that emotional stress may result in physical illness, while a physical stressor may contribute to a psychological illness. The number of stressors that occur within a time period and the duration and severity of each are important factors in the development of an illness.

Illnesses that are sometimes associated with stress include, cardiovascular problems (heart attacks, stroke), GI problems (ulcers, colitis) and immune system disorders (arthritis, cancer). Not all responses to stress are expressed in specific illnesses. More often, the body, in an attempt to adapt, responds with physical or emotional changes. These changes include:

muscle tension
fatigue
headache
insomnia/change in sleeping patterns

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body aches and pains
nausea
diarrhea/constipation
sweaty palms
tight throat
dry mouth
excessive sweating
cold hands
teeth grinding
hypertension

The interaction of body and mind have a great influence on your general health and the development of illness. Pay attention to what your body is telling you. Notice how your body responds to stressors. Subsequent parts of the Learning Guide identify common stressors and describe ways to cope and manage stress.

Test your knowledge of stress and responses to stress by completing Activity #1 - Resource #2.

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Duty: Maintains Health

Task: Manage Stress

Activity #1

Resource #2

Directions: Complete each statement with the terms listed below:

intensity of the demand
individual's response
eustress
the severity of each stressor
cope
adaptation

stress
distress
the number of stressors
the individual's ability to

1. _______________ is the non specific response of the body to any kind of demand.

2. The amount of stress experienced by an individual depends on the _________________________ and the _________________________.

3. Stress may result from both pleasant and unpleasant situations. Pleasant stress is called _________________. Unpleasant stress is called ________________.

4. Stress can cause physical and emotional illness. The illness response is influenced by: ___________________, ____________________ and ______________________.

5. _________________________ is the process of coping with stressors in order to control stress and restore balance.

Correct your responses using the Answer Key on the following page. If you did not score 100%, restudy Resource #1 and repeat the Self Check.

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Duty:	Maintains Health
Task:	Manage Stress

Answer Key
for
Activity #1

1. stress
2. intensity of the demand
   individual's response
3. eustress
   distress
4. number of stressors
   individual's ability to cope
   severity of each stressor
5. adaptation

from: State of New York OMRDD

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STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 74

Recognizing Stress on the Job

Job Context: Reducing Stress on the Job

Communication Skills: Problem-Solving Skills; Writing Skills

Objectives:
- identify indicators of feeling
- identify stressful situations on the job
- practice writing skills
- employ problem-solving strategies

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will think about the kinds of things that can be stressful on the job.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Joe. You will view 9 minutes in his workday.

The segment is on Videotape #2, and is labeled Segment 18[1]. It begins at 00:35:43 and ends at 00:44:40.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 9, Unit 74). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

The activities in Segment 18 take place during a transitional time at Joe's work site. Transitional times are often stressful for workers and the individuals they care for. View Segment 18.

Joe makes a number of comments in this videotape that might make one think that he was feeling stressed at the time this tape was filmed. Re-view Segment 18 and list all the things that Joe says or does that may give you a clue that he's feeling stressed. Then check your answers against the list in Supplement 1.

Learning Activity 2

View the segment a third time to see what is happening in Joe's workday that could be considered stressful. Make a list of the events and occurrences that you think Joe might have found stressful. You can re-view the segment as many times as you wish when developing your list. When you finish, check the items on your list against the list in Supplement 2.

Learning Activity 3

What do you find stressful in your workday? Are you aware when you are feeling stressed? How do you react when you are feeling stressed?

Over the next few days try to notice when you are feeling stressed. Write down on a sheet of looseleaf paper what was happening when you felt stressed and how you handled it. Is there anything you can do to reduce the stress or to handle it differently? E-mail a short message to your Instructor in which you talk about what you found out from this activity.

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message to your Instructor letting him or her know you completed this unit and telling him or her your findings from Learning Activity 3.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 9, UNIT 74

Supplement 1

Here are some examples of comments Joe made that would make one think he was feeling stressed. You may have found others too.

"Are you going to let me get a word in edgewise?"

"You're spitting all over me."

"I'm listening. My head is spinning a bit."

THEME AREA 9, UNIT 74

Supplement 2

Here are some examples of events in Joe's workday that could be considered stressful. You may have found others too.

- One person talking to him while he's talking to someone else
- One individual asking him a question and not waiting for another
- Individual "getting up in his face" and being overly persistent
- Too many people needing him at the same time
- Other three workers sitting in the office while he is doing all the work
- Time pressure in organizing outing
- Individual saying, "let me talk, one more question" while Joe is trying to get the outing organized
- Transitional time is hectic
- Individual screaming in the background
- Being filmed

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STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 75

Reducing Stress

Job Context: Reducing Stress on the Job

Communication Skills: Reading Comprehension; Writing Skills; Problem-Solving Skills

Objectives:
- review written material on stress reduction
- learn stress reduction methods
- apply stress reduction methods
- practice writing skills
- employ problem-solving strategies

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review ways to manage stress and reduce its harmful effects.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 9, Unit 75). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning

Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

What are some things that are stressful on the job and in your personal life? On a sheet of looseleaf paper make a list of the things that you find stressful.

Learning Activity 2

What are some of the things that you do to help manage and reduce stress? Refer to the list that you made for Learning Activity 1 and write down some of the things you do to help you cope with these stressful situations.

Learning Activity 3

Supplementing this unit is an information sheet from an OMRDD **Learning Guide to Individualized Instruction** on the definition and description of stress. Read the Information Sheet. Then answer the questions that follow. Check your answers on the answer key provided.

Learning Activity 4

Were many of the techniques discussed in the Supplement familiar to you? Are there any ones in particular that you think would be helpful to you? How would you go about incorporating them into your life? Write an e-mail message to your Instructor addressing these questions. Use complete sentences. Edit and spell-check your work.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 1 and Learning Activity 2

Send by e-mail

- Your message from Learning Activity 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Maintains Health

Task: Manage Stress

Resource #5

Objective # 4: Describe ways to manage stress and reduce its harmful effects.

Directions: This section of the Learning Guide offers suggestions for managing stress. Study each technique carefully. Select one or two techniques that you believe will work best for you. Practice the technique(s) for several weeks. Evaluate. Do you feel less stressed? If so, continue. If not, try another and re evaluate.

Introduction Life is filled with stressors. One cannot go through life without experiencing stress. The goal of this Learning Guide is to assist you in finding ways to increase resistance to stress and reduce its harmful effects.

Ignoring stress can cause it to become worse. Moreover, stress can cause illness. Some believe 90% of all illness is caused by stress. The stress management techniques discussed in this section are directed to promoting health and preventing illness.

Exactly how a person copes with stress is a very individual matter. It is related to a number of factors. These include: our stage of development, (adolescence, middle age, elderly). The life events we have experienced and what we learned about successful coping, our general health and the coping methods we have used or seen used by family or friends.

As you study this section of the Learning Guide identify those stressors that influence your life and examine how you have adapted or coped with each. Was the coping method successful? Did it reduce the stressor on a long term basis or only a short term? Consider each of the coping mechanisms described and select those that have the greatest potential for reducing stress and allowing you to live a happy, healthy life style.

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Duty:	Maintains Health
Task:	Manage Stress

Short Term Stress Reducers seem to help initially but are not effective on a long term basis nor are they effective for all stressors. Moreover, some short term coping mechanisms like booze, cigarettes and overeating require increasing amounts to gain the same effect.

Coping Methods That Work Over The Long Term

Develop a Positive Attitude: A positive attitude and life style are key elements in stress management. You may not be able to change a situation but you can change how you think about it.

An easy going, confident, flexible attitude can help you to reduce stress. This doesn't mean that you don't take things seriously, it simply means that you don't struggle with everything.

Don't worry about problems that may never happen. Avoid the "what if .... happens" approach.

Take time to think, to pray, "to smell the flowers."

Ask yourself "how important is it?" Five years from now, will it make a difference?

Surrender at times we all need to give up something; surrender means accepting the present, not defeat.

Accept the fact that life is not perfect.

Give yourself positive messages. "I'm a good person, a good mother/father." List your positive characteristics. Refer to them periodically.

Re-evaluate your goals; accept your limitations and build on strengths you already have.

Develop relationships. Positive, supportive friends help us deal with stress. Share feelings and concerns with friends.

Develop Problem Solving Skills to resolve problems and reduce stress. (Techniques are discussed in Resource #7)

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Duty:	Maintains Health
Task:	Manage Stress

Exercise is a very popular and successful stress reducer. Exercise includes jogging, tennis, walking. Some believe that exercise produces a chemical that causes us to feel better and more relaxed. Exercise improves circulation and stretches muscles thereby reducing tension. Exercise often allows us to sleep better.

Eat a balanced diet. Good nutrition provides required energy and allows you to maintain proper weight. Avoid caffeine, sugar and chemical additives. All are thought to increase the stress response.

Relaxation Techniques can reduce stress even when life events that create stress continue to exist. Several effective relaxation techniques are described briefly here. References listed in the Bibliography offer more detailed information regarding each technique.

- Deep breathing. Breathing slowly and deeply is an effective way to relax. By inhaling deeply you allow your lungs to take in as much oxygen as possible. Exhale slowly to rid your body of carbon dioxide and tension.

- Progressive Muscle Relaxation. Find a quiet environment, free of noise and distractions. Sit comfortably. Clear your mind of all distractions. Begin by tensing a muscle in the upper part of your body; hold it and notice how it feels. Release the tension and experience the feeling. Pay attention to the difference in sensation. Progress from top to toe, tensing and relaxing muscles.

- Imagery. Mentally focus on a pleasant scene, word or thought.

- Meditation/Spiritualism. Examine your beliefs. Connect with yourself.

- Music. Assume a comfortable position in an environment free of distractions.

Don't confuse sleeping with relaxation. Sleeping is not included in the category of relaxation. Selye tells us that unless our mind is otherwise engaged (in relaxation) we will continue to be preoccupied with the problem causing stress.

Develop a sense of humor. Laugh. Laughter relieves tension.

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Duty: Maintains Health

Task: Manage Stress

Managing your time. Plan. Take control. Set priorities. Control the tempo. Do one thing at a time. Identify what is important to you and what you can eliminate. Be assertive. Learn to say no.

Schedule time for yourself each day. Do what pleases you. Enjoy a hobby, read, get in touch with yourself or simply relax.

Deal with anger constructively and creatively. Anger depletes energy and creates stress. Understand your feelings and be open to the feelings and needs of others.

Love a Pet. An animal's love and attention can help you to relax.

Identify those things over which you have no control. Let go of the struggle to change something you cannot. Focus on changing those stressors you can change.

Know yourself. Learn to recognize your own needs, wants and feelings. Learn what makes you feel good and what creates discomfort.

Develop new interests. Learn new knowledge.

Select one or two coping skills. Learn them well. Practice. Reward your successes. If you are not successful after a sincere effort and practice, select another. Once you have attained success with these add another. Your reward is a happy healthy life!

If coping skills are not helpful don't hesitate to seek professional help. Counseling is available in most every community.

Test your knowledge of coping methods by completing Activity #3 - Resource #6.

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Duty: Maintains Health

Task: Manage Stress

Activity #3

Resource #6

Directions: Complete the following:

1. List five of the coping methods described in Resource #5.

   a.

   b.

   c.

   d.

   e.

2. From the list of coping methods described in Resource #5 select four methods you believe would be helpful to you in reducing stress.

   a.

   b.

   c.

   d.

Correct your responses using the Answer Key on the following page. If you did not score 100%, restudy Resource #5 and repeat the Self Check.

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Duty: Maintains Health

Task: Manage Stress

Answer Key
for
Activity #3

1. Any of the following responses are acceptable:

- Develop a positive attitude
- Don't worry
- Take time
- Question the importance
- Surrender
- Accept
- Positive messages
- Re-evaluate your goals
- Develop relationships
- Develop problem solving skills
- Exercise
- Eat a balanced diet
- Use relaxation techniques
- Develop a sense of humor
- Manage your time
- Deal with anger constructively
- Have a pet
- Identify those things over which you have no control over.
- Know yourself
- Develop new interests

2. Whatever you choose is acceptable.

from: NYS OMRDD

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STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 76

Refreshing Your Mind During Work

Job Context: Reducing Stress on the Job

Communication Skills: Reading Comprehension; Following Directions; Writing Skills

Objectives:

- review written material on stress reduction
- follow directions for implementing stress reduction techniques
- learn stress reduction methods
- practice writing skills
- writing sequences of steps

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review some techniques you can use to reduce stress, refresh your mind, and refocus your energies during your workday.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme

Area 9, Unit 76). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplement 1 provides some suggestions on how to work more efficiently by periodically refocusing. Read Supplement 1.

Learning Activity 2

Reread the steps for Benson's Relaxation Response two or three times until you feel you could follow the steps without referring to the written sheet.

Make sure you are in a quiet area and won't be disturbed for the next 10 or 15 minutes. Practice the Relaxation Response. Follow the steps outlined here. Continue for 10 to 15 minutes.

Learning Activity 3

How did you feel while doing the Relaxation Response? On a sheet of looseleaf paper write a paragraph or two about your reaction to this experience.

Learning Activity 4

Complete the Activity Sheet in Supplement 2.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 3
- Your Activity Sheet from Learning Activity 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Learn about the 50/10 principle

The 50/10 principle states that if 50 minutes of each hour are spent working and 10 minutes are spent refocusing or in a different mode from the 50 minutes — taking a walk, going to the restroom, having a cup of coffee, relaxing, making a phone call, etc. — then more work will get done. The theory is that the 10 minutes refocusing will make the 50 minutes of concentrated work more effective. If this division of time helps you to pace yourself and if it helps you to work, then it is not a time waster. This does not mean that people should stop working when they are on a roll or that a meeting should be stopped at an inappropriate time.

What can you do with the 10 minutes to make your 50 minutes more efficient?

- Take deep breaths while thinking "I am relaxed. I am calm."
- Use a visualization of putting all your thoughts into a jar and throwing that jar out.
- Learn and use Benson's progressive relaxation techniques* (description on next page)
- Take a short walk.
- Have a bathroom break.

Of course, some of these activities may be inappropriate at your worksite. You can probably come up with other ways to refresh your mind.

* Herbert Benson, *The Relaxation Response*. New York: Avon, 1975.

from: State of New York OMRDD Time Management Supplemental Learning Guide

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BENSON'S RELAXATION RESPONSE

1. Sit quietly in a comfortable position
2. Close your eyes.
3. Breathe deeply.
4. Relax all your muscles, beginning at your feet and slowing progressing up to your face.
5. Visualize each part of your body and consciously relax it.
6. Breathe through your nose. Become aware of your breathing.
7. Continue to focus on relaxing your body and your deep breathing for 10 to 20 minutes.
8. When you finish, sit quietly for a few minutes before standing up.
9. If distracting thoughts occur, try to ignore them and refocus on your breathing and relaxation.

ACTIVITY SHEET

Make a list of things you can do to give yourself a break from your work that will improve your efficiency and your state of mind.

from: State of New York OMRDD Time Management Supplemental Learning Guide

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STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 77

Avoiding Back Injury on the Job

Job Context: Preventing Back Injuries

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- review written material on preventing back injuries
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit and in Unit 78 you will review some ways to avoid back injury on the job.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 9, Unit 77). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplement 1 is an article about "one of the biggest occupational hazards faced by workers in the area of human services:" back injury. The article begins by stating that "staff--particularly those who provide direct care--are often required to lift people in and out of chairs, beds, bathtubs, etc. They must also lift, push, or carry the very heavy pieces of equipment that are frequently used by the consumers in their care."

What has been your experience in doing this kind of work on the job? In an e-mail message to your Instructor, write about the things you do on the job that might strain your back. Use complete sentences. Edit and spell-check your work.

Learning Activity 2

The article in Supplement 1 from the **DDSO Dispatch** talks about how one DDSO -- Rome, New York -- has addressed the problem of back injuries on the job. Read Supplement 1. Then answer the comprehension questions that follow.

Learning Activity 3

Scenario: A new group of Developmental Aides has just been hired. You, as an experienced Developmental Aide, have been asked to write them a letter telling them that back injuries are a major hazard of their job, and what they can do to avoid them. Include examples from experiences you or your coworkers have had. Use the following words in your letter: beneficial, regimen, aerobics, proactive. When writing, make sure you write in complete sentences. Each sentence should have a subject and a verb. Check your sentence structure by referring to Bazerman and Weiner, pages 12-18.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your message from Learning Activity 1

Send by regular mail

- Your answer sheet from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

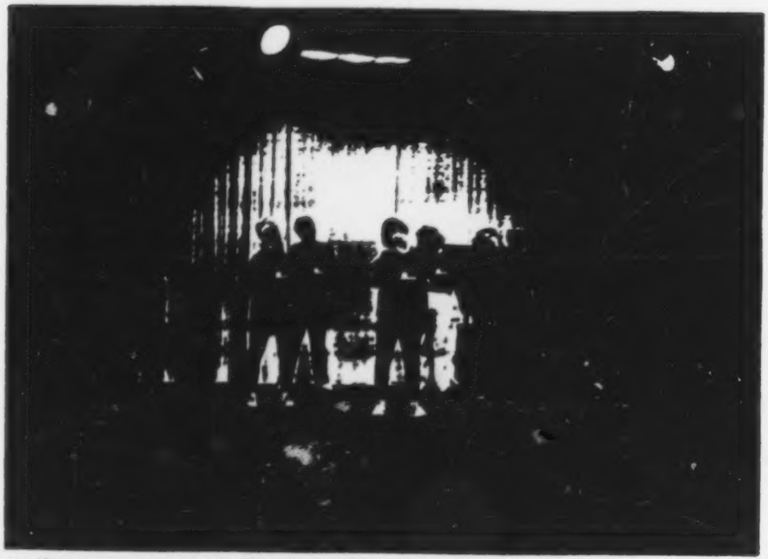
Rome DDSO—

One of the biggest occupational hazards faced by workers in the area of human services is back injury. At Rome DDSO, many of our consumers are non-ambulatory and/or have limited range of motion in other parts of their body. Staff—particularly those who provide direct care—are often required to lift people in and out of chairs, beds, bathtubs, etc. They must also lift, push, or carry the very heavy pieces of equipment that are frequently used by the consumers in their care.

Once a person's back is injured, he or she is liable to experience recurring episodes of pain for months, or even years, afterward. The cost, in terms of medical bills, lost time, and suffering, can be astronomical. Back injuries are definitely an area in which an ounce of prevention is worth a pound of cure!

Late in 1993, our Employee Relations Office did an analysis of lost time throughout the DDSO. In concert with the Health and Safety Committee, it was decided to study the causes of injuries at our Homestead Road ICF, which had the highest rate of lost time—500 days for the year. Among the 14 recommendations that were made were several to decrease the rate of back injuries. Some physical modifications were made in the home's bathrooms; it was recommended that staff wear back supports; additional training in lifting was advised; and it was suggested that employees "warm up" their muscles by exercising before beginning their shift. (In a follow-up study after the recommendations were implemented, yearly lost-time days dropped from 500 to 15, and accidents from 10 to 2.)

WorkFit, a program sponsored by the Slocum-Dickson Medical Group, is a leader in the development of exercise programs to prevent worksite injuries. We asked WorkFit to recommend a set of exercises that DDSO employees could use to get ready for work. The same exercises are beneficial before engaging in any strenuous activity or sport.



As the cameras started rolling, so did the necks: Here the group demonstrates a rotation designed to stretch the neck muscles and make them more flexible.

To ensure that all DDSO employees have a keen awareness of the dangers inherent in lifting and moving heavy objects, Rick Moon, director of employee relations, also suggested that the exercises be incorporated into the Phase I lifting and moving training that is given to new employees by Chief Physical Therapist Bill Schatz. (Bill also teaches a refresher lifting and moving course, and the exercises will be included in that training as well.)

In order to make the exercise regimen accessible to employees at our many worksites throughout the tri-county area, the Health and Safety Committee recommended that we supply a videotape of the exercise program to each of our sites. Our CSEA representatives were consulted, and they gave their support to the proposal that employees be given an opportunity to begin their workday with the exercises.

Public Relations Coordinator Cynthia Fagan suggested that in order to keep costs down we work with Herkimer County Community College. She contacted Kal Socolof, assistant professor of radio and television at HCCC and asked if the students in his advanced video production class would be able to produce a videotape for us as a class assignment. Mr. Socolof and his students were delighted to receive the challenge and took on the project for us.

When it came time to choose people to appear in the video, Cindy, Bill, and Rick thought immediately of Vickie Galster. Vickie, who is one of Rome DDSO's public education specialists, is also a certified aerobics instructor who has been teaching classes for our employees for the past several years.

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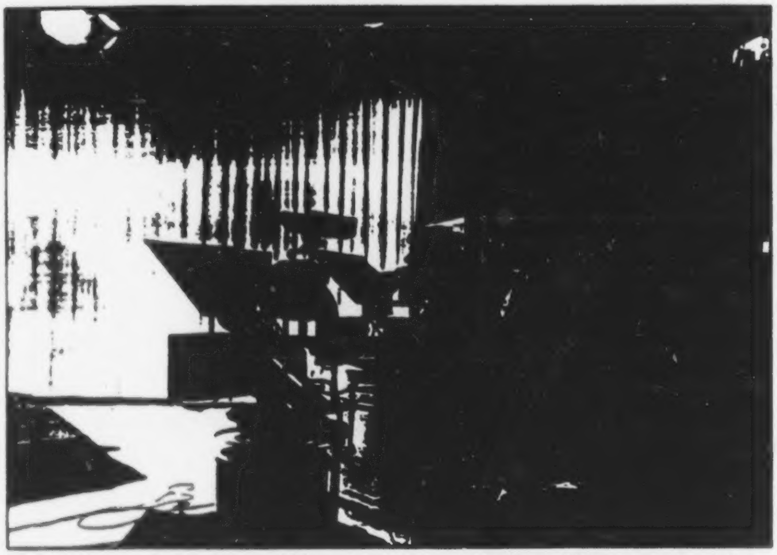
from: April 1995 Issue, Vol. 15, No. 4, p. 6 - 7.
Author: Dale Corey

eady to Work

kie routinely appears before large
ups and has been videotaped many
e, so she is quite comfortable in
it of a camera. After several meet-
; with Mr. Socolof and his eight stu-
its, Vickie and Cindy began recruit-
additional "performers" from DDSO
f. They were fortunate to find four
unteers who were willing to face the
neras: Mike Boulanger, Christine
nedy, Sue Nutting, and Patty
lton. Christine and Patty are DAs at
mestead Road, Sue is the home's
N, and Mike is a Hab Spec I. On the
of the filming, the group turned in a
ly, energetic performance. The
eo should be available at each of
sites by early summer.

lans are now under consideration
a proactive employee self-assess-
nt back health program and for post-
ident interviews with employees in
effort to get first-hand ideas for acci-
it prevention.



The video was shot on three different cameras, from three different angles. The three versions were then edited into one final film. Above, two of the cameras and their operators in the studio at Herkimer County Community College.

ring the filming two students were assigned to the control room, where they ld see what was being filmed by each camera and communicate with the era operators as the video was being made.

Here's what's included on the Rome DDSO's "Ready to Work" exercise video:

- *Neck and Shoulder Exercises*
- *Reach Highs/Calf Lifts*
- *Elbow and Hand Presses*
- *Standing Extensor Stretch*
- *Thigh Stretch*
- *Hip Flexor Stretch*
- *Hamstring Stretch*
- *Knee-to-Chest Stretch*
- *The Bridge (for abdomen, buttocks, and hamstrings)*
- *Quadraped (for back and hips)*

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THEME AREA 9, UNIT 77

Worksheet

Comprehension Questions

1. What are the costs to a worker when his or her back is injured?

2. What are two recommendations that were made at the Homestead Road ICF to decrease the rate of back injuries?

3. List the steps that were taken to develop the exercise video.

4. What does Rome DDSO plan to do in the future towards accident prevention?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 9

Improving Productivity and Job Efficiency through Personal Development

UNIT 78

More Ways to Avoid Back Injury

Job Context: Preventing Back Injuries

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- review written material on preventing back injuries
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will continue to review some ways to avoid back injury on the job.

Description of Videotape Materials

For this learning activity you will be using Videotape #3: Exercise Video for Good Back Health[1]. The Videotape is 12 minutes long.

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[1] Developed by the Rome DDSO.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 9, Unit 78). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

View the introductory segment of Videotape #3. Then answer the questions on the worksheet in Supplement 1. Re-view this part of the videotape as many times as you need in order to answer the questions.

Learning Activity 2

The rest of the tape consists of exercises you can do to get you "ready to work".

For each exercise the Instructor tells you the purpose and directions for doing the exercise as she demonstrates.

Supplement 2 gives you written direction for the neck exercises - the first exercises on the tape. Read this supplement. Try out one or two of the exercises if you wish.

Learning Activity 3

View the rest of Videotape #3. You may want to do the exercises along with the tape.

Learning Activity 4

Use the information given by the Instructor on the tape to write a description of 2 other exercises: **Reach High** and **Hip Flexor**.

Use the format of Supplement 2:
purpose:

directions:

Re-view the videotape, stopping and starting as much as you wish, to take notes on how the Instructor describes **Reach High** and **Hip Flexor**. Then use your notes to complete this learning activity.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1
- Your work from Learning Activity 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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THEME AREA 9, UNIT 78

Supplement 1

Worksheet

1. What is meant by flexibility exercises?

2. Give 3 reasons why flexibility exercises are important.

3. What is the purpose of this program?

4. How long should you hold each stretch?

5. What do you need to do to prepare for exercising?

Supplement 2

NECK STRETCH:

Purpose: To stretch the muscles of your neck which control bending and extending your neck.

Directions:
-Sit or stand upright.
-Tilt your head down toward your chest.
-Hold this position for 3-5 seconds.
-Relax and repeat this 4 times.

NECK GLIDE:

Purpose: To stretch your chest, neck and shoulder muscles, in order to ensure for better posture during lifting.

Directions:
-Sit or Stand upright.
-Without lifting your chin, glide your head straight back, (you are doing this right, if it gives you the feeling of a double chin).
-Hold the stretch 3-5 seconds.
-Relax and repeat 4 times.

NECK ROTATION:

Purpose: To stretch the neck muscles, helping to increase flexibility.

Directions:
-Sit or stand upright.
-Tilt your head slowly toward one shoulder.
-Relax and let gravity pull your head down to stretch your neck.
-Hold for 3-5 seconds.
-Relax and repeat 4 times.
-Switch sides and repeat 4 times.

From: Ready to Work Stretch Program for Rome DDSO, 1995

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STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 79

Responsibilities of Direct Care Workers

Job Context: Understanding Reading Material Related to the Job

Communication Skills: Reading Comprehension

Objectives:
- review material pertaining to Direct Care work
- understand technical vocabulary through the context
- locate important information in text
- improve comprehension skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will read a description of the Developmental Aide position and review the responsibilities of Direct Care Workers.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 79). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

From your experience and knowledge of Direct Care work, how would you describe this position? What are the responsibilities of the Direct Care Worker? On two sheets of looseleaf paper make two lists.

Head the first sheet of paper **Description of the Direct Care Position.** List everything you can think of that describes the Direct Care Worker.

Head the second sheet of paper **Responsibilities of the Direct Care Worker.** List every responsibility you can think of.

Learning Activity 2

The Developmental Aide position and the responsibilities of the Direct Care Worker are explained on the draft document on the following pages. Read this supplement. As you read, you can underline or highlight the main points. Then answer the questions on the worksheet that follows.

Learning Activity 3

Now go back to the list that you made for Learning Activity 1. How many of the things on your list were mentioned in the document? Put a check mark next to all of the points on your list that were mentioned in the document. Put an "x" on the list next to any points that you think are untrue as a result of your reading of the document.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your list from Learning Activity 1
- Your worksheet from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

DRAFT

DEVELOPMENTAL AIDE--Grade 9

BRIEF DESCRIPTION OF CLASS

Incumbents of Developmental Aide positions perform a wide variety of routine and often repetitive tasks with and for the active treatment of the developmentally disabled. These tasks involve encouraging, guiding and training individuals in developing daily living skills and habits, taking care of their personal needs, and maintaining the service environment.

Positions in this class exist only in the Office of Mental Retardation and Developmental Disabilities (OMRDD) and are assigned to residential and/or program settings as members of a multi-disciplinary treatment team.

The Developmental Aide performs tasks and activities which are varied and which depend upon the specific abilities of the developmentally disabled to care for themselves and the nature of the setting where the work is performed. In a developmental center setting, some of the tasks described are performed by other properly classified support titles such as Food Service Worker, Cleaner, and Housekeeper. Those assigned to care for severely handicapped individuals are primarily concerned with performing tasks designed to attend to their basic human needs while employees serving individuals able to care for their own personal needs perform tasks in supplementing and/or implementing an active treatment plan designed to assist the individual to more fully participate in society. These tasks may be performed in a variety of residential and/or program settings.

CLASSIFICATION CRITERIA

This position represents the direct service level of staff assigned to residential and/or program settings operated by the Office of Mental Retardation and Developmental Disabilities. Incumbents of these positions are directly concerned with motivating the developmentally disabled individuals in their care and attending to their personal daily living needs. On a daily basis, they work with them to further develop those vocational, nutritional, social, and personal skills necessary to achieve a greater independence of functioning.

The Developmental Aide works closely with and receives direction from higher level supervisory staff (e.g.Mental Hygiene Therapy Assistant I/II) who have overall management, administrative, program and residential responsibilities. The Developmental Aide

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provides observations, evaluations, and reports to other team members to ensure progress toward treatment goals.

RELATED CLASSES

BASIC DUTIES AND ILLUSTRATIVE TASKS

In accordance with treatment team plans and guidelines, guides and teaches individuals to develop skills required for a more independent lifestyle.

I. Personal Care

- performs/teaches and reinforces accepted infection control and personal grooming techniques; performs/teaches and assists in bathing, dental care, hair and nail care, personal hygiene and grooming routines as necessary;

- performs/teaches and assists individuals in dressing, clothing selection, storage, laundering and repair of clothing and accessories; helps them to shop for clothing;

- performs/teaches and assists in proper use and care of shavers and razors, eyeglasses, hearing aids, prostheses as prescribed by appropriate medical practitioner;

- administers and teaches individuals first aid treatments; administers cardiopulmonary resuscitation techniques and performs other health-related techniques as required;

- takes, records, reports temperatures, blood pressures, pulse rate, weight, and other significant symptoms/health-related occurrences; aids developmentally disabled individuals in understanding, recording, reporting such factors;

- maintains confidentiality of information;
- reports unusual incidents and physical symptoms promptly and accurately to the supervisor;

- applies valid and accepted limits for inappropriate behavior and helps control and restrain violent or hyperactive individuals in their care;

- administers prescribed medications and treatments; teaches, observes, reports problems and progress in self administration of medications programs. Assists individuals in achieving more independence in administration of medications. Teaches use of skin care lotions, topical ointments, eye and ear drops and assists

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in their use as needed;

- accompanies individuals to medical, dental, and other health-related appointments. Delivers prescriptions to pharmacy, takes medication to home site and logs same; instructs and observes individuals in use of those substances.

II. Food preparation, mealtimes

- assists individuals in eating who cannot feed themselves independently; teaches them to eat in a family-style setting;
- teaches and assists individuals to plan, shop, store, prepare and serve meals using currently accepted nutritional standards; to clean kitchen and dining areas, and dispose of leftover food safely.

III. Maintaining the environment

Under the direction of the appropriate level supervisor, the Developmental Aide performs various tasks and duties to assure that the living environment is properly maintained and kept in a clean, neat and orderly condition.

- performs/teaches developmentally disabled individuals routine housekeeping duties such as dusting, washing floors and walls, cleaning bathrooms, and vacuuming rugs.
- assists developmentally disabled individuals in bed making;
- follows safety procedures in living unit by mopping up spills, reporting unsafe conditions, teaches and reinforces fire safety procedures. Checks to see that fire exits are clear, night lights and exit signs on, windows locked, etc.;
- stores supplies and assures that storage areas are kept in a neat and orderly condition;
- responsible for storage and replacement of linens;
- may assist in various household inventories;
- performs/teaches minor and routine maintenance tasks such as changing light bulbs, fuses, replacement of faucet washers; obtains repair services for appliances;

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- performs/teaches routine removal of trash, cleaning of trash containers, ashtrays, etc.;
- teaches/performs outdoor maintenance tasks and repairs of residence, yard, garden, walks; reports need for or obtains repair services for automobiles, vans, mowers, etc.;
- maintains curtains according to fire regulations;
- checks fire equipment and reports malfunction.

IV. Individual development, personal interests

- teaches and reinforces use of a variety of communication skills;
- guides individuals through motor exercises designed to increase physical coordinative functions;
- teaches and reinforces principles of human growth and development, including human sexuality, as determined by each person's developmental level;
- teaches acceptable work habits, e.g. punctuality, dress and grooming, to enable individuals to develop readiness for work outside the home, or in support of individuals' vocational, prevocational, or sheltered work experiences;
- accompanies developmentally disabled individuals to community activities including work sites, cultural, religious and social events, day programs, visits to health practitioners; aids them in developing awareness and use of community resources;
- transports/arranges for transport of individuals to community events; aids them in development of their mobility skills;
- teaches money management principles to developmentally disabled individuals; completes/aids in completion of banking activities;
- helps developmentally disabled individuals to develop/maintain positive interpersonal relationships with their fellow residents, with others in their families, and with others in the community. Aids in explaining feelings, resolving conflicts, teaching/reinforcing acceptable means of dissipating frustration, anger;
- if pets are in the home, teaches/assists with their feeding, grooming, and care;

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- teaches/supervises/participates in a variety of leisure and recreational activities, crafts projects, seasonal and permanent home decoration; assists in planning, supervising and conducting holiday celebrations selected by residents and staff.
- may accompany developmentally disabled individuals/participate in dances, camping trips, swimming, horseback riding, basketball, or other sports; assists in selection and teaching of appropriate leisure activities.
- aids in selection, purchase, care and use by developmentally disabled individuals of age appropriate personal belongings.

V. Participating as an Interdisciplinary Treatment Team member

Observes and reports on behavior and specific responses to programming, medication, interpersonal relationships, etc.

- actively participates at staff meetings by communicating observations concerning progress and reaction to various therapy programs;
- at staff meetings, may suggest alternative programs or procedures based on experience with the individual's habilitation plan;
- records all significant behavioral responses in prescribed format.

INDEPENDENCE OF OPERATION

Incumbents work under direct supervision and clearly defined guidelines.

COMPLEXITY

This is the entry-level title for direct care. Incumbents work within and must be able to read, understand, and apply procedures, rules, regulations, laws, and programmatic goals.

COMMUNICATION

Incumbents of positions in this class communicate with other direct

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care staff and with supervisory & clinical staff for the purpose of sharing information and obtaining direction for specific assignments. They respond to questions from surveyors and auditors. They also communicate with the developmentally disabled individuals, their families, and neighbors.

SUPERVISION EXERCISED

Although supervision is not a requirement to support classification of these positions, incumbents may be asked to assist in the orientation and training of other staff.

KNOWLEDGE, SKILL, AND ABILITY

I. Knowledge of the policies and procedures of the B/DDSO and OMRDD, as well as state and federal regulations as they apply to the care and treatment of the mentally retarded and developmentally disabled.

II. Knowledge of active treatment programs as they relate to the mentally retarded and developmentally disabled.

III. Knowledge of individual program plans (IPP).

IV. Knowledge of routine medical procedures, including first aid treatments/techniques, and medications administered.

V. Knowledge of characteristics of the mentally retarded and developmentally disabled.

VI. Knowledge of community resources.

VII. Ability to develop good interpersonal relationships.

VIII. Ability to direct/assist in various activities such as cooking, cleaning and shopping.

IX. Ability to be patient and understanding and care for the basic needs of the individuals in their care.

X. Ability to effectively communicate both verbally and in writing.

XI. Ability to walk, stand, bend and stretch for long periods of time.

XII. Ability to lift and move bedridden and other incapacitated individuals.

XIII. Ability to complete written forms and reports in an accurate manner.

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THEME AREA 10, UNIT 79

Supplement

Worksheet

1. What is meant by the word **incumbent** (page 1, paragraph 1)?

2. Give an example of a **routine** task (page 1, paragraph 1).

3. Give an example of a **repetitive** task (page 1, paragraph 1).

4. What is meant by "positions in this **class**" (page 1, paragraph 2)?

5. What is an example of "a task designed to attend to basic human needs" (page 1, paragraph 3)?

6. What is an example of "a task to **supplement** an active treatment plan" (page 1, paragraph 3)?

7. What does **criteria** mean (heading, paragraph 4)?

8. What does **accordance** mean (page 2, paragraph 2)?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 80

Overview of Direct Care Work

Job Context: Preparing for Entry and Upgrading Exams; Overview of Direct Care Work

Communication Skills: Writing Skills; Study Skills

Objectives:
- practice summarizing skills
- practice note-taking skills
- practice writing skills
- review components of Direct Care work

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary
- Videotape #1

Introduction

A Direct Care Worker is required to take periodic review and upgrading courses from time to time. Often this involves listening to lectures, taking notes, and taking exams. In this unit you will practice your note-taking skills. In addition, you will think about the important qualities that a person involved in Direct Care work should have.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Joe, who is discussing what it means to be a Direct Care Worker. The segment is about 6 minutes long.

The segment is on Videotape #2, and is labeled Segment 19[1]. It begins at 00:44:46 and ends at 00:49:20.

There are three sections in this segment. A section ends when there is a short pause and a black screen. The first section begins at 00:44:46 and ends at 00:46:15. The second section begins at 00:46:17 and ends at 00:47:48. The third section begins at 00:47:50 and ends at 00:49:18. Each section continues the interview.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 80). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

View Section 1. The time count is given above. At the end of the section, stop the tape. On a sheet of looseleaf paper, make a Recall List: write down whatever you remember from this section.

Rewind the tape. Replay Section 1. This time as you view the section, take notes on a separate sheet of paper. Skip lines on your paper.

Put your notes aside. Without looking at your notes, add as much information as you can to your Recall List.

How many additions did you make to your Recall List? Put the number count on the bottom of your Recall List.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Rewind the tape. Play Section 1 again. Add any other information to your notes that you think is important.

Supplement 1 is a list of important points that should be included in your notes. Check your notes against this list. How many of the things on this list did you include in your notes?

Learning Activity 2

In this Learning Activity you will follow the same steps as you did in section 1 with section 2 of the Segment.

View Section 2. The time count is given above. At the end of the section stop the tape.

On a sheet of looseleaf paper, make a Recall List: write down whatever you recall from this section.

Rewind the tape. Replay Section 2. As you view this section, take notes, skipping lines, on another sheet of paper.

Put your notes aside. Without looking at your notes, add as much information as you can to your Recall List.

How many additions did you make to your Recall List? Put the number count on the bottom of your Recall List.

Rewind the tape. Play Section 2 again. Make any necessary additions to your notes.

Supplement 2 is a list of important points that should be included in your notes. Check your notes against this list. How many of the things on this list did you include in your notes?

Learning Activity 3

You have taken detailed notes on Section 1 and Section 2. What are some suggestions that you would give another student in order to help that person take good notes? Write your suggestions in complete sentences.

Learning Activity 4

View Section 3 and then answer the following questions.

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1. What does Joe mean when he says "I don't mean to be **patronizing**?"
2. In one sentence, summarize the main idea of this section.

Learning Activity 5

In this videotape segment, Joe gives his ideas on what it means to be a Direct Care worker. What does being a Direct Care worker mean to you? Answer this question in an e-mail message to your instructor. Be sure to use complete sentences. Edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activities 1, 2, 3, and 4

Send by e-mail

- The e-mail message from Learning Activity 5

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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THEME AREA 10, UNIT 80

Supplement 1

Section 1:

- Need few academic skills -- G.E.D., H.S. education
- Bring compassion, empathy, patience
- See yourself in someone else's situation
- You are a companion/peer
- Help individuals get as close to normal as possible
- You are not in a position to decide level of achievement
- Make sure individuals are cared for

THEME AREA 10, UNIT 80

Supplement 2

Section 2:

- Direct the client toward someone who can help
- Clients measure credibility quickly
- If they make requests, they feel you can get it done for them
- They won't forget if you just put them off and don't intend to do something

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 81

Advantages and Disadvantages of Being a Direct Care Worker

Job Context: Preparing for Entry and Upgrading Exams; Overview of Direct Care Work

Communication Skills: Writing Skills; Study Skills

Objectives:
- practice note-taking skills
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will view another videotape segment of an interview with Joe. In this interview Joe talks about the advantages and disadvantages of being a Direct Care Worker. You will also continue practicing your note-taking skills.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Joe, who is discussing the advantages and disadvantages of being a Direct Care Worker. The segment is approximately 5 minutes long.

The segment is on Videotape #2, and is labeled Segment 20[1]. It begins at 00:49:24 and ends at 00:53:56.

Learning Activity

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 81). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

View Segment 20. At the end of the segment stop the tape. On a sheet of looseleaf paper make a Recall List: write down whatever you remember from this segment.

This is a longer segment than you viewed in the last unit. Instead of viewing the segment section by section, you are viewing the whole segment at one time. Did you notice a natural break that you could use to organize your notes? In the first part of the tape Joe talks about his life and how he became a Direct Care Worker. In the second part of the tape he talks about the benefits of being a Direct Care Worker. Your notes could be organized under these two categories.

Rewind the tape. Replay Segment 20. As you view the segment, on another sheet of paper, take notes, skipping lines.

Put your notes aside. Without looking at your notes, add as much information as you can to your Recall List.

How many additions did you make to your Recall List? Put the number count on the bottom of your Recall List.

Rewind the tape. Play the segment again. Make any necessary additions to your notes.

Now check the list in the Supplement to this unit. How many of the points listed here did you include in your notes? Re-view the videotape to see what you left out.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message to your Instructor letting him or her know that you completed this unit and how you did.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 10, UNIT 81

Supplement

Notes on Joe's Life

- Second career; in retail business for twenty years
- Coming to OMRDD to complete unfinished task
- Job with opportunity, security, pay
- Still a student
- When finished Hudson Valley, started looking for a job

Benefits of Direct Care Work

- Good pay; makes $20,000 per year
- State won't go bankrupt
- State has job security
- Opportunity to move to other positions in the State system
- Good medical, eye, and dental care
- System treats you fairly
- Can't think of a better employer than New York State

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 82

Writing Practice

Job Context: Overview of Direct Care Work

Communication Skills: Writing Skills

Objectives:
- practice writing skills
- relay accurate, precise information in writing
- use correct grammar and punctuation
- practice editing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape

Introduction

In this unit you will continue practicing your writing skills by writing about Direct Care work.

Learning Activities

Some of these Learning Activities ask for your persoanl opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

In the videotape segment you viewed for Unit 81 (Tape #2, Segment 20, 00:49:29 - 00:53:56), Joe talks about what he feels are the good points of working for **OMRDD.** In your opinion, what are the advantages of working for **OMRDD**? What are the disadvantages? How did you come to work at **OMRDD**? What attracted you to this job? What kinds of work have you done in the past? Write an e-mail message to your Instructor in which you answer these questions. Use complete sentences. Be sure to edit and spell-check your work before sending it. Remember, your answers will be confidential.

Learning Activity 2

In the videotape you viewed for Unit 81, Joe talks about what led up to his working at **OMRDD**. How did you come to work at **OMRDD**? In an e-mail message to your Instructor, write about your career path. Use complete sentences. Be sure to edit and spell-check your work before sending it.

Learning Activity 3

Are you aware of the benefits that are available to you as a staff member of **OMRDD**? When you find the time, over the next 3 weeks go to your Personnel Office and your Education & Training Office to find out about benefits for Direct Care Workers. You may be able to call these offices and have them send the material to you. It's okay if you're not able to do this right away. Whenever you get this information, e-mail a message to your Instructor and let him or her know what you found out.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- Your work from Learning Activities 1, 2, and 3

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 83

The Typical Day of a Direct Care Worker

Job Context: Overview of Direct Care Work

Communication Skills: Writing Skills

Objectives:
- provide overview of Direct Care work
- practice writing skills
- relay accurate, precise information in writing
- use correct grammar and punctuation
- practice editing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary
- Videotape #2

Introduction

In this unit you will view another videotape segment of Direct Care Workers and the activities and tasks they do in a typical day. You will continue to practice your writing skills.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of Direct Care Workers as they go about their workday. In voiceover commentaries workers talk about how they feel about being Direct Care Workers and the work that they do. The segment is twelve minutes long.

The segment is on Videotape #2, and is labeled Segment 21[1]. It begins at 00:54:00 and ends at 1:07:00.

Learning Activity

View Segment 21. In an e-mail message to your Instructor, answer the following questions. Write complete sentences. Be sure to edit and spell-check your work before sending it. This Learning Activity asks for your personal opinions or experiences. Any information you give will be kept confidential.

1. One of the workers on the tape said she went through a "shock stage" when she started working as a Direct Care Worker. How did you feel when you first started working for **OMRDD**? If you are not yet in a Direct Care position, what kinds of problems do you think might come up?

2. One of the workers made the following statement: "You could work for a year and a half and then out of the blue they do exactly what you want them to do. And that is the biggest reward." What about your job gives you the most pleasure?

3. Segment 21 shows activities in a typical day. Describe a typical day at your worksite.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- Your work from Learning Activities 1, 2, and 3.

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[1] **Direct Care: What It Takes**, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 84

Summarizing Skills

Job Context: Overview of Direct Care Work

Communication Skills: Writing Skills

Objectives:
- practice summarizing skills
- practice writing skills
- relay accurate, precise information in writing
- use correct grammar and punctuation
- practice editing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary
- Videotape #2

Introduction

This unit provides a case study of one individual. You will practice summarizing skills. A summary gives the main ideas and important details.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Mike, talking about an individual in his care whom he considers his "success story."

The segment is on Videotape #2, and is labeled Segment 22[1]. It begins at 1:07:06 and ends at 1:11:25.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 84). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

View Segment 22. On a sheet of looseleaf paper make a Recall List of everything you remember.

Two major topics are covered in this segment. In the first part of the segment Mike talks about his successful work with the individual in his care. In the second part of the tape, Mike talks about how his Direct Care work translates into his personal life. If you haven't done so already, arrange your notes under these two categories.

Learning Activity 2

Write a summary of this segment, including the main points and supporting details for each of the two topics shown in the segment. Rewind the tape to the beginning of Segment 22. Now view the segment again and add to your notes anything else that would be needed to write a summary. You can stop or start the tape or rewind it and re-view as many times as you need to. In the Supplement that follows, there is a list of the important details. Check your list against the Supplement.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 3

Write a summary of what you viewed in Segment 22. Write your summary in two parts for the two sections described above.

Learning Activity 4

In the second half of the tape Mike talks about how his Direct Care work translates into his life. How does your work for OMRDD translate into your life? In other words, are there any skills you use at your job that are also needed in your life outside work? Have you been able to use any of the skills and/or knowledge you've gotten at your job in your life outside work? Write an e-mail message to your Instructor addressing this question.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your work from Learning Activities 1, 2, and 3

Send by e-mail

- Your message from Learning Activity 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 10, UNIT 84

Supplement

Videotape Segment # 22

MIKE'S "SUCCESS STORY"

- biggest success story
- at beginning ADL -- just refused
- obnoxious young man
- took a lot of work
- knew him 7 years ago -- not the same man now
- worked as we did with everyone; for whatever reason he responded
- we weren't going to back down -- went right from square one
- incredible success he had achieved
- felt good knowing you were part of it

HOW IT TRANSLATES INTO PERSONAL LIFE

- anyone with family and children will find a lot of similar behavior with clients and children
- dealing with IQ -- behavior shaping
- if you are successful in one area (work), you are successful in the other area (home)

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 85

Case Study of an Individual

Job Context: Reading Material Related to the Job

Communication Skills: Reading Comprehension

Objectives:
- review a case description
- review how ADLs are implemented
- understand technical vocabulary through the context
- locate important information in the text
- improve comprehension skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will review another case of an individual in a Developmental Center.

Learning Activity

Supplementing this unit is a case description of Joe, an individual who lives in a Developmental Center. Read the case description of Joe and answer the questions on the worksheet that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

JOE

Joe is a 34-year-old man considered to be moderately mentally retarded. He lives in a developmental center and attends the day treatment program. His program consists of training in a variety of self-help skills, however he is already quite good at most of the things that are being worked on, so much of it is just routine. Although he has some conversational language, he is quiet and doesn't say very much. Recently, however there have been almost daily incidents in which he has been physically aggressive with other residents, suddenly attacking them for no apparent reason. The initial suggestion when he started this behavior was that he should be put in time out immediately when he hits someone. However it was decided to try positive behavior change first.

Staff were carefully interviewed as to when the incidents happened and who was the victim. There was nothing that seemed to trigger the aggression and Joe had not in fact been provoked by any of them. However one staff member commented that all the residents whom he attacked had one thing in common–they were fairly verbal, fairly outgoing and they interacted a lot with one or two of the higher functioning woman residents. A staff member who related to Joe quite well was assigned to interview him and ask him why he was doing this. However all Joe could say was that he didn't know or that the other residents were "bad". Then the victims were interviewed to see if they could shed any light on the behavior. One said that "Joe hit me after I talked to Alice–he don't like me to talk to her".

Based on this limited information the team hypothesized that Joe was maybe jealous of the other men who seemed able to talk to the female residents and have easy relationships with other people in the day treatment program. It was also noted that the aggression was less likely to occur back in the developmental center. As Joe's major areas of deficit were really in social skills, rather than self-help, it was decided to change his program and introduce much more social skill training.

First it was decided he needed to learn to work cooperatively with other male residents, rather than avoiding them and then being aggressive. Some of his self-help skills involved making a snack, stripping a bed, and washing dishes. These program were changed to include other resident's. Thus the snack making task was increased to making a number of snacks, and one individual did one phase and Joe did the next–in this way they were working together and helping each other. It was hoped that this way he could start to make friends with some of the other residents.

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Second, it was decided that Joe was not able to express himself very well, talk about feelings, or start a conversation. The speech therapist designed a series of simple programs the staff could introduce to get Joe to initiate conversations (Commenting positively on the other person's work, e.g.," You sure know how to make a great sandwich"); to express a feeling (e.g., "I'm mad because Bill didn't help me strip the bed"); and to exert self-control ("I'm going to keep cool; I'm not going to let Bill bother me).

Third, it was realized that Joe had no skills for relating to others of the opposite sex. The staff debated what should be done about this, since they argued that Joe could not go on dates and they did not want to encourage him hanging around the women residents because they thought they then might have to deal with some sexual problems. Eventually it was agreed that it would be normalizing for Joe to be able to have women friends, and if this resulted later in need for sex education that would be provided. Meantime some simple strategies were set up to help him interact with some of the females. At first Joe was asked if he would like to know how to talk to women and get to know them. He seemed reluctant and the staff thought he was just scared, so they decided to conduct a small "group" on "dating skills"; they selected one other less-shy male resident and two female residents to participate. The four met with the trainer for half-hour sessions every day and talked about how to say hello to someone, how to introduce yourself and ask the other person her name, how to pay a compliment ("nice dress") and to suggest sitting together, getting a soda together at break time, and so on.

Of course, while this was going on the staff had to have some way of responding to any aggressive outbursts and Joe was told that if he hit any other person the new programs would be terminated immediately and he would go back to the straight self-management training. The program resulted in a lot more reinforcement for Joe and the hitting began to decrease immediately. At social functions at the day treatment center it was noted that Joe was likely to be included with others in interactions. The staff also reported that he had started boasting that he "had a girlfriend" because he was hanging out quite a lot with Alice.

from: Warren, B., and Hoffman, J. (1991) Positive Approaches to Behavior Change, Volume II. NYS OMRDD

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THEME AREA 10, UNIT 85

Supplement

Worksheet

1. What is Joe's behavior problem?

2. What did staff feel provoked his behavior?

3. What steps were taken to help Joe?

4. How did staff deal with his aggressive behavior while he was working on the program?

5. What was the outcome of the new program?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 86

Activities for Daily Living and Recreational Interests

Job Context: Understanding and Implementing Activities of Daily Living

Communication Skills: Reading Comprehension; Problem-Solving

Objectives:

- review written materials on Activities of Daily Living

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #1

Introduction

In this unit you will view Joe, a Direct Care Worker, as he takes an individual in his Center, Robert, down to the concession area for coffee. This is one of Robert's Activities for Daily Living (ADL). You will also review how to identify personal recreational interests for the individuals you work with.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Joe, taking an individual, Robert, for coffee.

The segment is on videotape #2, and is labeled Segment 23[1]. It begins at 1:11:30 and end at 1:18:00.

Segment 23 is in two sections. The first section is the actual scene of Joe and Robert going for coffee. It begins at 1:11:30 and end at 1:15:37. The second section is an interview with Joe about the event that took place. It begins at 1:15:38 and ends at 1:17:57.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 86). Head each part of your written work with the Learning Activity number so that your Instructor will know which part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplementing this unit is a worksheet with questions about the videotape segment you'll be viewing. Read over the questions. Now view Segment 23. As you view, take notes on information you think you might need to answer these questions. Stop the tape or rewind the tape as much as you need to get the information you need.

Now answer the questions on the worksheet. Feel free to re-view sections of the videotape if you need to when answering the questions.

Learning Activity 2

One of the Activities of Daily Living is recreational activities. Supplement 2 gives background information on recreation. Read the supplement and then answer the questions that follow. Correct your answers using the Answer Key for Resource # 4.

Learning Activity 3

There are many myths and misconceptions about recreation for people with disabilities.

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[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Read the myths in Supplement 3 and give your reaction to the statements. Then read **Myths and Misconceptions: Some Food for Thought** on the page that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1

Send by e-mail

- A message letting your Instructor know you completed Learning Activities 2 and 3, and any questions you may have about your work

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 10, UNIT 86

Supplement 1

Worksheet for Video Segment 23

1. State the main topic of each section of this tape in one sentence for each section.

2. What are some of the things Joe does or says to help Robert to make his own choices?

3. What does Joe do when he spills the coffee?

4. Why did Joe handle the situation this way?

5. What would you do if you were in Joe's situation?

Duty: Organizes Leisure/Recreation Activities

Task: 5.2 Assist Clients in Identifying Personal Recreational Interests

Resource #2
Background Information on Recreation

Directions: Read the following and complete Self Check #1 on page 12 of this Learning Guide. This information is about the importance of recreation activities for people with developmental disabilities.

Why is recreation important?

- Recreation adds to a person's overall quality of life.
- Recreation enhances a person's emotional well-being.
- Recreation is important to a person's physical health.
- Recreation can satisfy a number of basic human needs:
  - Joy of creating
  - Fellowship and social interaction
  - Desire for adventure and new experiences
  - Enjoyment of beauty
  - Sense of achievement
  - Physical well-being
  - Emotional satisfaction
  - Sense of service to others
  - Relaxation

Time for Recreation

- People need to make time for recreation.
- Most people have between 20 and 50 hours per week available for recreation activities.
- The amount of time available for recreation activities is increasing due to flextime arrangements at work, early retirements, and other trends in our society.
- Leisure time constitutes a significant part of a person's lifetime.

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Duty:	Organizes Leisure/Recreation Activities
Task:	5.2 Assist Clients in Identifying Personal Recreational Interests

Recreation for People with Developmental Disabilities

- People with developmental disabilities have the same needs for recreation as anyone else.

- In most cases, people with developmental disabilities can successfully use the same recreation activities and facilities as everyone else in a community.

- Recreation activities are important for people with developmental disabilities for a number of reasons:

  1. to provide adequate physical exercise to maintain the health of internal organs
  2. to develop muscular strength, stamina, coordination, and balance
  3. to develop cognitive skills such as body awareness, attention, and discrimination
  4. to develop language concepts such as in, on, under, next to, etc.
  5. to develop social skills such as manners and cooperation
  6. to provide opportunities to channel frustrations and aggressions

- Recreation activities can be used to strengthen and maintain a wide variety of skills and abilities needed for everyday life.

- Recreation activities can provide exercise and range of motion for muscles and joints which are not adequately exercised in normal daily routines.

- Recreation can foster a positive self-image.

- Recreation activities can provide opportunities for greater independence.

- Recreation activities are excellent opportunities for integrating people into the life of the local community.

- Recreation promotes success at other developmental tasks through relaxation and other benefits.

Duty:	**Organizes Leisure/Recreation Activities**
Task:	**5.2 Assist Clients in Identifying Personal Recreational Interests**

Resource #4
Knowledge Self Check #1

Directions: **Answer the following questions about leisure and recreation activities for people with developmental disabilities.**

1. List two reasons why recreation is important for people with developmental disabilities.

2. List three basic human needs that recreation can satisfy.

3. List two reasons why leisure time is becoming a significant part of a person's life in our society.

4. List four reasons why recreation is important for people with developmental disabilities.

Correct your responses using the answer key on the following page.

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Duty: Organizes Leisure/Recreation Activities

Task: 5.2 Assist Clients in Identifying Personal Recreational Interests

Answer Key for
Resource #4

1. Any two of the following answers are acceptable:
   a. to provide adequate physical exercise to maintain the health of internal organs
   b. to develop muscular strength, stamina, coordination, and balance
   c. to develop cognitive skills such as body awareness, attention, and discrimination
   d. to develop language concepts such as "in, on, under, next to", etc.
   e. to develop social skills such as manners and cooperation
   f. to provide opportunities to channel frustrations and aggressions

2. Any three of the following answers are acceptable:
   a. Recreation adds to a person's overall quality of life.
   b. Recreation enhances a person's emotional well-being.
   c. Recreation is important to a person's physical health.
   d. Recreation can satisfy other basic human needs such as:
      - Joy of creating
      - Fellowship and social interaction
      - Desire for adventure and new experiences
      - Enjoyment of beauty
      - Sense of achievement
      - Physical well-being
      - Emotional satisfaction
      - Sense of service to others
      - Relaxation

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Answer Key for
Resource #4 (cont'd.)

3. Any two of the following answers are acceptable:

   a. People need to make time for recreation.

   b. Most people have between 20 and 50 hours per week available for recreation activities.

   c. The amount of time available for recreation activities is increasing due to flextime arrangements at work, early retirements, and other trends in our society.

   d. Leisure time constitutes a significant part of a person's lifetime.

4. Any four of the following answers are acceptable:

   a. Recreation activities can be used to strengthen and maintain a wide variety of skills and abilities needed for everyday life.

   b. Recreation activities can provide exercise and range of motion for muscles and joints which are not adequately exercised in normal daily routines.

   c. Recreation can foster a positive self-image.

   d. Recreation activities can provide opportunities for greater independence.

   e. Recreation activities are excellent opportunities for integrating people into the life of the local community.

   f. Recreation promotes success at other developmental tasks through relaxation and other benefits.

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Duty:	**Organizes Leisure/Recreation Activities**
Task:	**5.2 Assist Clients in Identifying Personal Recreational Interests**

Resource #3
Myths and Misconceptions

Directions: The following are some "myths" about recreation for people with developmental disabilities. Many people have misconceptions about developmental disabilities and the limitations that may result. Read each of the "myths" and use the space below each to list some of your reactions to the statements.

Myth #1: Recreation activities are "time fillers".

Myth #2: Recreation Therapists should choose activities for persons because they know what is best for them.

Myth #3: Recreation activities need to be modified for people with developmental disabilities so that they can do them with no difficulty.

Duty:	Organizes Leisure/Recreation Activities
Task:	5.2 Assist Clients in Identifying Personal Recreational Interests

Myth #4: People with developmental disabilities should be allowed to watch television as much as they like because everyone else does it.

Myth #5: There is no problem taking a group of adults to see "Cinderella" or "Snow White" if this is what they want to do.

Myth #6: People with developmental disabilities should be given free tickets or reduced admission to community events.

When you have completed this activity, go on to the next page.

Duty:	Organizes Leisure/Recreation Activities
Task:	5.2 Assist Clients in Identifying Personal Recreational Interests

Myths and Misconceptions
Some Food for Thought

Directions:	Read through the information regarding myths and misconception. You may find that you disagree with some of the statements. Don't worry...many people do, and you are entitled to your own opinions.

Myth #1: Recreation activities are "time fillers".

- o Recreation should not be viewed as less important than developmental programs for persons with mental retardation.
- o Recreation should be based on an assessment of a person's interests and abilities, in the same way as developmental activities are planned.

Myth #2: Recreation Therapists should choose activities for persons because they know what is best for them.

- o All people have the right to choose their own recreation activities.
- o In keeping with the principles of normalization, all people should have the opportunity to choose how they spend their own leisure time.
- o Staff have an important role in assisting persons in choosing recreational activities by providing information about activities and in helping secure materials, transportation, etc.
- o Recreation Therapists are excellent resources in planning leisure activities which reinforce skills and abilities which are needed for everyday life, but freedom of choice should always be a prime consideration in planning.

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Myth #3: Recreation activities need to be modified for people with developmental disabilities so that they can do them with no difficulty.

- Many activities can be conducted without any modifications.
- People with developmental disabilities enjoy challenges just like everyone else and challenging activities are often the most satisfying.
- If a person cannot experience success in an activity, there are many ways it can be modified to ensure success without "watering down" the challenges involved:
    - create fewer or simpler "rules" for certain games
    - slow down the pace of an activity without changing the rules or expectations
    - changing the size or type of equipment used
    - changing the size of a playing field or court
- Modifications should be made only as needed based on the abilities and disabilities of an individual.
- Modifications should not be permanent and should be phased out as progress is made toward the goal of successful participation in the activity without modification.

Myth #4: People with developmental disabilities should be allowed to watch television as much as they like because everyone else does it.

- Television tends to be abused by society in general and is overused as a recreational alternative.
- Television can be an excellent recreational activity in moderation as long as it does not become a "pacifier" or time-killer.
- Television viewing should be planned (keeping freedom of choice in mind) and should be accompanied by discussion of what is viewed.
- Television should not become a "babysitter" for the convenience of staff.

Duty:	Organizes Leisure/Recreation Activities
Task:	5.2 Assist Clients in Identifying Personal Recreational Interests

Myth #5: There is no problem taking a group of adults to see "Cinderella" or "Snow White" if this is what they want to do.

- This is never an easy issue to deal with since freedom of choice is so important in leisure time activities.
- These activities are not age-appropriate for adults and many people already think of people with developmental disabilities as "eternal children".
- If a group of adults feel strongly about seeing these movies, you might consider renting a videotape for an in-home viewing.
- One of your important responsibilities as a direct care provider is to reinforce appropriate attitudes toward people with developmental disabilities. The best way to do this is to involve persons in the same everyday recreational activities as experienced by the rest of the community.

Myth #6: People with developmental disabilities should be given free tickets or reduced admission to community events.

- People should not be given free tickets, etc. simply because they are disabled.
- This tends to reinforce the image of people with disabilities as children or objects of pity.
- People who work and receive a salary or stipend should be expected to pay for recreational activities just like anyone else.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 87

Math Review (Weights and Measures)

Job Context: Math Skills Related to the Job

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:

- review U.S. measurements of weights - understanding reasons for measuring heights and weights
- review metric measures of mass
- apply basic math skills to job-typical problems - measuring heights and weights

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

For many of the tasks that are required of a Direct Care Worker you need a strong background in basic math. You will be practicing basic math skills that will help prepare you for job training. For example, Unit 90 will review some typical examples of forms a Direct Care Worker may be required to complete. On some of these forms, a knowledge of U.S. measurements of weights is important to completing the forms. In this unit you will review U.S. measurements of weights and metric measures of mass.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**. There are Reference Sheets for this program included in the Study Guide as Technical Supplements #1 - #3.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded onto your screen.

As you are working on a problem, if you want to see how a problem is worked out you can find out from the menu bar at the top of the screen. You'll see how the problem is worked out mathematically. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator, which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you are working on a terminal, you will not be able to use the math program on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you do not have access to a computer loaded with the math program, do the exercises on the pink worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 6 **U.S. and Metric Measurement**

- Section 2 **U.S. Measurements of Weights**

- Section 5 **Metric Measures of Mass**

  Problems # 1 - 6

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- A message to your Instructor telling him or her that you completed this unit and how you did. Which sections were easier and which were more challenging for you?

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Worker

UNIT 88

Measuring Height and Weight I

Job Context: Reading Material Related to the Job

Communication Skills: Reading Comprehension; Math Skills

Objectives:
- understand technical vocabulary through the context
- develop word recognition skills
- improve comprehension skills
- practice conversion of measurement units to the metric system

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

There are many responsibilities of Direct Care Workers that require good reading, writing, math, and problem-solving skills. Practicing these skills will help prepare you for job training. This unit and Unit 89 will review one of those tasks: taking weights and heights.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 88). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplementing this unit is an excerpt from the **NYS OMRDD Learning Guide for Individualized Instruction** on how to take weight and height. Read the Supplement and then answer the questions on the Activity Sheet that follows. Check your answers on the answer key provided.

Learning Activity 2

Weight is recorded in either pounds or kilograms. Supplement 2 consists of math problems to give you additional practice in the conversion of ounces, pounds, and kilograms. Complete the problems in Supplement 2.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your completed math problems from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Resource #1

Reasons for Measuring Height

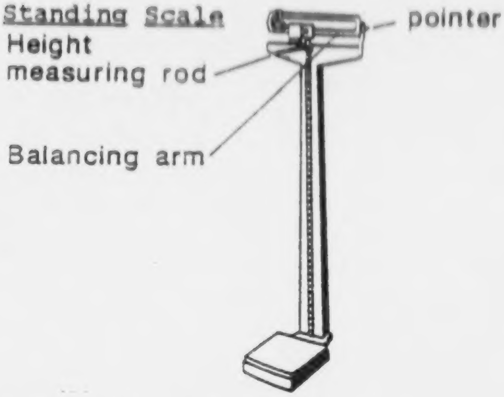
- to determine acceptable weight range
- to monitor growth patterns
- to identify changes in bone structure

Reasons for Measuring Weight

- on admission to establish a baseline
- to monitor weight loss or gain
- to monitor fluid loss or gain

Equipment for Measuring Height and Weight

Standing Scale



The Standing Scale is commonly used for measuring height and weight.

Height is measured with an L-Shaped Measuring Rod attached to the front of the scale.

Height is recorded as feet and inches or as centimeters. The measuring bar measures inches and fractions of an inch. A metric bar uses one centimeter increments.

Weight is read from a digital display or a balancing arm. Balance the scale using the balancing screw. The scale is balanced when the balance pointer is in the middle of the balance area.

Go on to next page...

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Resource #1 cont.

Weight is recorded in either pounds or Kilograms (2.2 pounds). Most scales measure pounds in one quarter pound increments or in Kilograms with 0.1 Kilogram (one-gram) increments.

WEIGHT EQUIVALENTS

kilograms (kg)	ounces (oz)	pounds (lb)
	4	1/4
	8	1/2
	12	3/4
.45	16	1
22.68		50
45.36		100

Persons who are unable to stand are weighed on bed scales or chain scales. Bed scales have canvas straps or a stretcher like platform. A machine lifts the person above the bed and the weight is reflected either on a digital display or balancing arm.

Evaluate your knowledge of equipment used for measuring height and weight and reasons for taking these measurements by completing Activity #1.

Go on to next page...

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Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Resource #2
Activity #1

Directions: Complete the following statements:

1. List two reasons for measuring height:

   a.

   b.

2. List two reasons for measuring weight:

   a.

   b.

3. Height is measured with an ______________________________.

4. A ___________________ is commonly used for measuring height and weight.

5. Persons who are unable to stand are weighed on ______________ or _____________________.

Correct your responses using the Answer Key   If you were unable to score 100%, restudy Resource #1 and repeat the test.

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Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Answer Key
for
Activity #1

1. Reasons for measuring height:

   - to determine acceptable weight range for person
   - to monitor growth patterns
   - to identify changes in bone structure

2. Reasons for measuring weight:

   - on admission to establish a baseline
   - to monitor weight loss or gain
   - to monitor fluid loss or gain

3. An L-shaped measuring rod

4. Standing scale

5. Bed scales or chain scales

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THEME AREA 10, UNIT 88

Supplement 2

Worksheet

use .45 kg = 16 oz. = 1 lb.

1. .90 kg = ____oz = _____lbs.

2. _____kg = _____oz = 2 lbs.

3. _____kg = 8 oz = _____lbs.

4. _____kg = _____oz = 1 1/2 lbs.

5. _____kg = _____oz = 150 lbs.

6. _____kg = _____oz = 125 lbs.

7. _____kg = _____oz = 109 lbs.

8. _____kg = _____oz = 170 lbs.

9. _____kg = _____oz = 95 lbs.

10. _____kg = _____oz = 75 lbs.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 89

Measuring Height and Weight II

Job Context: Reading Material Related to the Job

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- understand technical vocabulary through the context
- locate important information in text
- improve comprehension skills
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will continue reviewing how to take weights and measurements.

Learning Activity

Supplementing this unit is an excerpt from the **NYS OMRDD Learning Guide for Individualized Instruction** on taking weight and height. Read the supplement and then answer the questions on the activity sheet that follows. Check your answers on the answer key provided.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by e-mail

- A message telling your instructor that you completed this unit.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Objective #3 Identify guidelines for ensuring accurate measurement.

Objective #4 List care measures that provide for a person's safety and comfort.

Objective #5 Measure a person's height and weight accurately.

Objective #6 Record measurements and observations according to agency policy.

Resource #3

Introduction:

At times decisions regarding treatment and diet are made based on measurements of height and weight. For this reason, it is very important that measurements be accurate. This section of the Learning Guide presents guidelines and procedures for correctly measuring and recording height and weight. Safety factors that you must consider in carrying out this procedure are also described. **Study this information carefully.**

Guidelines for Ensuring Accurate Measurement

1. Weigh the person on the same scale each time if at all possible. Each scale weighs differently.
2. Weigh the person at the same time each day. Weight will vary according to food intake and elimination. For example, if you weigh the person before breakfast on day one and after breakfast on day two you will likely note an increase in weight. This increase may not be reflective of actual weight gain and may be a result of breakfast.
3. Have the person wear the same kind of clothing each time. Amount and type of clothing will influence measurement.
4. Have the person remove their shoes before standing on scale. Shoes will influence accuracy of height and weight.

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Resource #3 cont.

5. Balance the scale before the person stands on platform to ensure an accurate measurement.

6. Provide required assistance in getting on and off scale and observe carefully during the procedure. Prevent falls from scale and possible injury from sliding rod.

Procedure for Measuring Height and Weight

Procedure	Explanation
1. Wash your hands.	Infection control
2. Place paper towel on platform.	Infection control
3. Balance the scale. - be sure the scale is level - both weights must be on zero - the pointer of the balance beam must be in the middle of the balance area. If it is not, turn the balance screw to adjust.	Accuracy of measurement
4. Explain the procedure to the person in language he/she can understand.	Person's comfort
5. Ask the person to remove his/her shoes. Be sure clothing is similar to that worn for previous measurements.	Accuracy of measurement
6. Assist the person onto the scale. The person should stand unassisted in the center of the platform. The feet should be slightly apart. Observe closely at all times to prevent falls.	Person's safety Accuracy of measurement Person's safety
7. Ask the person to place both hands at his/her side. (If the person is holding onto near-by objects or the care giver the weight will be inaccurate.)	Accuracy of measurement

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Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Procedure	Explanation
8. Adjust the weights until the balance pointer is in the center of the balance area.	Accuracy of measurement
9. Add the number on the large balance and the small balance.	Accuracy of measurement
10. Note and record the person's weight.	Accuracy of measurement
11. Ask the person to stand as straight as possible with heels together and buttocks and head against the measuring stick. Instruct the person to keep the head erect and look straight ahead.	Accuracy of measurement
12. Raise the L-shaped sliding arm on the scale until it rests on the persons head. Move the arm slowly. Avoid hitting the person with the bar.	Accuracy of measurement Person's safety
13. Note and record the person's height.	Accuracy of measurement
14. Raise the sliding arm and assist the person off the scale.	Person's safety
15. Return weight beams to zero position. Replace all equipment. Discard paper towel.	Person's safety Infection control
16. Wash your hands.	Infection control
17. Report and record measurements of height and weight and any observations made during the procedure according to agency policy.	Careful documentation of measurements and observations required by all agencies

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Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Resource #4
Knowledge Self Check 4.18

Directions: Evaluate your knowledge of measuring height and weight by responding to the following questions.

1. List two reasons for measuring weight.

   a.

   b.

2. List three guidelines for ensuring accurate measurement of height and weight.

   a.

   b.

   c.

3. State the explanation for the following steps in the procedure for measuring height and weight.

	Procedure	Explanation
a.	Place a paper towel on the platform.	
b.	Balance the scale before the person stands on the platform.	
c.	Explain the procedure to the person in language he/she can understand.	
d.	Ask the person to remove shoes.	
e.	Adjust the weights until the balance pointer is in the center of the balance area.	
f.	Report and record measurements of height and weight and any observations made during the procedure.	

Go on to next page...

Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Resource #4 cont.

4. Describe the person's position on the scale for obtaining weight.

5. Describe the person's position on the scale for obtaining height.

Correct your responses using the Answer Key

If you have any incorrect responses restudy Resource #1 and #3 and repeat the Self Check.

Go on to next page...

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Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Answer Key
for
Knowledge Self Check 4.18

1. Reasons for measuring weight:

   - on admission to establish a baseline
   - to monitor weight loss or gain
   - to monitor fluid loss or gain

2. Guidelines for ensuring accurate measurement of height and weight:

   - weigh the person on the same scale each time
   - weigh the person at the same time each day
   - have the person wear the same kind of clothing each time
   - have the person remove shoes before standing on the scale
   - balance the scale before the person stands on the platform
   - provide required assistance for person in getting on and off scale
   - observe person carefully during procedure

3. Explanations for procedure:

   a. Infection Control

   b. Accuracy of Measurement

   c. Person's Comfort

   d. Accuracy of Measurement

   e. Accuracy of Measurement

   f. Careful documentation of measurements and observations is required by all agencies

Duty: Maintains Client Health

Task: 4.18 Take weight and height, documenting on appropriate chart.

Answer Key
for
Knowledge Self Check 4.18 cont.

4. Person's position for obtaining weight:

   - stand unassisted in center of platform
   - feet slightly apart
   - person's hands at side

5. Person's position for obtaining height:

   - stand as straight as possible
   - stand with heels together and buttocks and head against measuring stick
   - head erect and looking straight ahead

If you are unable to score 100%, restudy Resource #1 and #3 and repeat the Knowledge Self Check.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 90

Reviewing Reports and Forms

Job Context: Writing Other Reports and Forms

Communication Skills: Following Directions; Reading Comprehension

Objectives:
- review categories on forms and charts
- follow directions to complete forms
- practice reading forms
- improve writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In addition to keeping notes and logs and filling out Incident Reports, there are many other reports and forms that need to be completed by Direct Care Workers. This unit will review a few of those forms.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 90). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity

Supplementing this unit are samples of forms that Direct Care Workers complete. Study the forms. Then answer the questions on the worksheet that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from the Learning Activity

> This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 10, UNIT 90

SUPPLEMENT

Form AHR 171 (5-83)

State of New York
*(OASAS-OMH-OMRDD)

PERSONAL ALLOWANCE ACCOUNT LEDGER CARD

NOTES:

RESIDENT NAME:

MANAGER NAME:

DATE:

DATE	EXPLANATION	DEPOSITS		WITHDRAWALS		BALANCE		VERIFICATION	
								MANAGER	RESIDENT
	BALANCE FORWARD								

*(Office of Alcoholism and Substance Abuse Services – Office of Mental Health – Office of Mental Retardation and Developmental Disabilities)

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WEST SENECA DEVELOPMENTAL DISABILITIES SERVICES OFFICE

USE OF RESTRICTIVE TECHNIQUES AND TIME OUT

NAME: ____________________

C.NO: ____________________

L.U. ____________________

SCIP CODES:
1 = (1) Person take down
2 = (2) Person take down
3 = 2 or 3 person supine control hold down
4 = Lying Wrap up
5 = TIME OUT

LOCATION OCCURRED	TIME START/END	DATE OF EVENT	SCIP/ T.O. CODES	GOAL PLAN Y/N	OTHER TECHNIQUES tried Y/N	EMERGENCY USE Enter YES	STAFF INITIALS	INJURY C=CLIENT S=STAFF C/S=BOTH	SPecify: 1) Briefly describe the event; 2) Other techniques used if there is no behavior program or if behavior program was not followed; 3) Outcome & Resolution

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Q.A. 2 (Rev. 5/89)

63c

West Seneca DDSO
Weekly Transportation Log

Client Name and Tabs ID (Last, First, MI)	Date	Program Code	Transportation Code	Mileage	Staff I.D. Number	Name and Address of Service Provider

Data Entered By:

Signature ______________________ Title ______________________ Date ______________________

Transportation - 1 (Rev. 9/93)

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INSTRUCTIONS

- COMPLETE A SEPARATE TRANSPORTATION LOG EACH WEEK AND RETAIN FOR 6 YEARS IN THE HOME/TEAM OFFICE (CHRONOLOGICALLY).

- RECORD THE NAME AND TABS ID NUMBER OF EACH INDIVIDUAL TRANSPORTED. IF TWO INDIVIDUALS ARE TRANSPORTED AT THE SAME TIME, TRANSPORTATION SERVICES ARE TO BE RECORDED FOR EACH PERSON.

- RECORD THE DATE THE SERVICE WAS PROVIDED.

- PROGRAM CODE: FOR MEDICAL TRANSPORTATION AND TRANSPORTATION TO DAY TREATMENT ENTER PROGRAM CODE AS FOLLOWS:
  FOR INDIVIDUALS WHO RESIDE IN SOICF, SOCR, SOIRA - USE HOME CODE 02290_ _ _

  FOR INDIVIDUALS WHO RESIDE IN FAMILY CARE USE FAMILY CARE CODE ACCORDING TO COUNTY:
  02290 310, OR 320, OR 330, OR 340

  FOR FAMILY SUPPORT INDIVIDUALS USE FAMILY SUPPORT CODE ACCORDING TO COUNTY:
  02290 810, OR 820, OR 830, OR 8840

- TRANSPORTATION CODE:

TRDT	TRANSPORTATION DAY TREATMENT
TRDH	TRANSPORTATION DAY HABILITATION
TRMRT	TRANSPORTATION MEDICAL ROUND TRIP (USE THIS CODE TO REPORT TRANSPORTING AN INDIVIDUAL TO A MEDICAL APPOINTMENT AND BACK - FULL TRIP) -
TRMHT	TRANSPORTATION MEDICAL HALF TRIP (EACH "LEG" OF TRANSPORTATION TO A MEDICAL APPOINTMENT IS ONE HALF TRIP - USE THIS CODE TO REPORT LESS THEN A FULL TRIP OR MORE THEN A FULL TRIP. EX: AN INDIVIDUAL IS TRANSPORTED FROM HOME TO A PHYSICIAN'S OFFICE, TO THE LAB AND BACK HOME. THIS WOULD BE REPORTED AS THREE SEPARATE TRMHT'S.)

- RECORD MILEAGE AS FOLLOWS:

TRDT	REPORT THE TOTAL MILEAGE TO AND FROM THE DAY TREATMENT PROGRAM
TRDH	REPORT THE TOTAL MILEAGE FROM THE RESIDENCE TO THE FIRST PROGRAM AND FROM THE LAST PROGRAM TO THE RESIDENCE.
TRMRT	REPORT "1"
TRMHT	REPORT "1"

- RECORD ID NUMBER OF STAFF PROVIDING THE TRANSPORTATION

- RECORD NAME AND ADDRESS OF MEDICAL SERVICE PROVIDER (IF TRANSPORTATION IS TO DAY TREATMENT/DAY HABILITATION WRITE NA)

Evacuation Report

I. STAMP: DATE: ________ TIME: ________ (AM/PM)

SHIFT: DAY ____ AFTERNOON ____ NIGHT ____

II. A. STAFF

a. ________ ________ ________

b. ________ ________ ________

c. ________ ________ ________

B.

CLIENT	LOCATION	EXIT	TIME	CLIENT	LOCATION	EXIT	TIME
1.				8.			
2.				9.			
3.				10.			
4.				11.			
5.				12.			
6.				13.			
7.				14.			

C. TOTAL TIME FOR EVACUATION: ________

III. Was this a planned fire drill? YES___ NO___ If no, explain: ________

IV. Staff Actions: ________

V. Problems Encountered: ________

EMPLOYEE IN CHARGE: ________ CRD: ________

VI. FOLLOW-UP: ________

C.R. COORD.: ________ TEAM MGR: ________

PSYCHOLOGIST: ________

DDSO MISC. #49 (REV. 2/88)

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FIRE EVACUATION REPORT - INSTRUCTIONS

Complete in duplicate.

CRD send original to SOCR Coordinator.

Keep the copy on-site until a completed copy is returned by the Team Manager.

I. Complete all blanks. Use residence stamp for address.

Circle AM or PM. Check to indicate shift.

In case of unplanned fire evacuation:

- a. List staff as II a.
- b. List all clients who live in home and location. If known do not complete individual evacuation time.
- c. Complete C total time of evacuation only.
- d. Complete V and VI as apply to unplanned evacuation.

In case of planned fire drill:

II. List first initial and last name of staff and clients.

- a. List staff according to assignment from Staff Evacuation Procedures Addendum on lines A, B, C.
  List all other staff who were present on additional lines.
- b. List all clients who live in home.
  If the client was away from the home, note that.
  Note the exit used by each client using the code for each exit from the Fire Emergency Plan. If clients were evacuated from one zone to another, indicate the zone. If clients took refuge, indicate where.
  Record each client's exit time, accurate to the next higher half-minute. (There may be special instructions for specific homes)
  If location or time to exit are not known, write UK (unknown).
- c. Total time for evacuation is the length of time it took for the last person to exit from the building.

III. Enter a checkmark to indicate if this was a planned fire drill or not. If not, explain how and where the alarm was set off, e.g. "burning toast set off detector in kitchen", "pulled box in upstairs hallway", or "unknown", "detector in bedroom". Clearly indicate if this was a real fire.

IV. Describe the actions of the staff members during the evacuation, including who assisted clients, contained or extinguished the fire, supervised at the safety area. Include whether the Fire Department was called or not, and if they responded. Note whether or not the staff performed their duties according to the Fire Emergency Plan. When fire is simulated, describe method used and location. In homes with zones, describe staff's action to complete progressive evacuation.

V. Fully describe any problems with alarm systems, fire fighting equipment; any client who resisted, failed to exit, failed to participate or failed to stay at the safety area.

Describe performance of clients whose Need for Assistance differed from the Fire Emergency Plan.

Clients may be identified by the number from II b. above.

VI. The SOCR Coordinator should describe any subsequent action taken or planned to deal with problems encountered or to improve the performance. The Team Manager may add further recommendations.

PLEASE NOTE - ALL SIGNATURES SHOULD BE IN FULL, INCLUDING TITLE & DATE - PSYCHOLOGIST SIGNATURE IS OPTIONAL

DISTRIBUTION: original - WSDC Safety Office
copies - Residence
Psychologist (optional)

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THEME AREA 10, UNIT 90

Worksheet

- **Personal Allowance Account Ledger Card**

1. What is the purpose of this form?

2. What would you put in the explanation column?

- **Use of Restrictive Techniques and Time Out**

3. What is the purpose of this form?

4. Where would you find the SCIP/T.O. codes for column 4?

5. You enter "yes" in the emergency use box if there is **no** approved goal in place for using the technique of time out. You also have to fill out a 147 (I) Incident Report for emergency use. Why?

- **Weekly Transportation Log**

6. What is the purpose of this form?

Use the Instruction Sheet for the Weekly Transportation Log to answer the following questions:

7. What is meant by keeping the logs filed **chronologically?**

8. How do you record three individuals traveling together?

9. What code do you use for medical transportation for individuals who reside in SOCR?

10. What does this transportation code mean: TRMHT?

- **Fire Evacuation Report**

11. What is the purpose of this form?

Use the Fire Evacuation Report Instructions to answer the following questions:

12. In Section IIB, you list the clients who live in the home. What columns would you leave blank if it was an unplanned fire evacuation?

13. Where would you find the code for each exit for column 3 of IIB?

14. What is the most important instruction in Section III?

15. Why do you think you are asked to describe problems encountered?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 91

Completing Personnel Forms

Job Context: Writing Other Reports and Forms

Communication Skills: Following Directions; Writing Skills; Reading Comprehension

Objectives:
- review categories on forms and charts
- follow directions to complete forms
- practice reading forms
- improve writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

So far, you've reviewed how to fill out notes, logs, Incident Reports, and other reports and forms that need to be completed by Direct Care Workers.

In addition to forms you complete to keep a record of the individuals you work with, Direct Care Workers are required to keep forms connected to their own job such as attendance records, personnel forms, and reimbursement vouchers. This unit will review a few of those forms.

Learning Activities

Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Supplement 1 to this unit is an excerpt from the OMRDD Monroe Developmental Center **Time and Attendance Rules Booklet**, describing time, attendance, and accrual procedures. Following the document are three forms: the Daily Attendance Record; the Time and Accrual Record; and the Holiday Pay Record. Study the document and the forms. Then answer the questions on the worksheet that follows.

Learning Activity 2

Four additional forms are included as part of Supplement 2. Review these forms. Then answer the questions on the worksheet that follows.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheets from Learning Activities 1 and 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

MONROE DEVELOPMENTAL CENTER

Time, Attendance and Accrual Procedures

For the benefit of the Center staff, here are the basic time, attendance, and accrual policies set forth in State rules and regulations as well as labor organization agreements. Hours of work, signing in and out, tardiness, overtime, lost time without pay, and leaves are among the subjects discussed. The policies noted broadly outline important Center procedures and for additional information the employee is referred to the Center's Human Resource Management Office (Personnel).

I. Hours of Work

A) Non-Shift Personnel

Title	Hrs/Wk	Shift	Meal Break
Physicians	40	8:30-5:00	1/2 hour
Office/Clericals	37 1/2	8:30-4:30*	1/2 hour
		8:30-5:00	1 hour
All Other	40	8:30-5:00	1/2 hour

B) Shift Personnel (RN's, LPN's, MHTA's, etc.)

Day Shift	40	7:00- 3:30	1/2 hour
Evening Shift	40	3:20-11:20	
Night Shift	40	11:10- 7:10	

*Shift times may vary slightly to accommodate staffing needs.

C) Change of Official Working Hours

All changes in working hours and work schedules initiated by management must be accomplished in accordance with the applicable provisions of negotiated agreements and with rules and regulations promulgated by the Department of Civil Service and the Division of the Budget.

Employee requests for change in the work schedule, starting time or quitting time must be submitted in writing to the Unit Administrator or Department Head, who will forward all approved requests to the facility Director for final review and approval. A copy of the request with a record of approval or disapproval shall be filed in the Human Resource Management Office.

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D) Meal Breaks are Unpaid

For the evening and night shifts, and Community direct care positions, no meal breaks are allowed. Employees must remain on duty at all times, fully responsible for the clients under their care. However, employees are allowed to eat whenever possible on the units or in the work area.

E) EACH EMPLOYEE IS RESPONSIBLE FOR INSURING THAT HIS/HER TIME AND ATTENDANCE SHEET IS ACCURATELY KEPT.

The T & A sheet will indicate time worked, leave credits earned, and leave credits used. If they desire, PS&T employees may keep their own T & A sheets; employees in other bargaining units will have the T & A sheet kept by the supervisor responsible for approving the completed sheet. In either case, both the employee and the supervisor will review the T & A sheet before it is signed and forwarded to the Human Resource Management Office.

II. Sign In and Out Procedures

A) All employees except PS&T must sign "in" and "out", at the time of arrival and departure, on the Daily Attendance Record, Form MDC 168 in the work location designated for this purpose. Staff eligible for overtime must indicate actual arrival and departure times. Overtime ineligible employees are not required to record actual arrival and departure times, but must record time worked on Time and Accrual record.

B) At the start of each shift, the "sign in" sheets for all employees are to be redlined by the supervisor. Anyone signing in after the redline will be considered late.

III. Call In Procedures

A) When an employee determines that he/she is not able to be at work on time, he/she must personally CALL IN. If a shift employee will be late or absent, he/she must call in at least one (1) hour before the start of the shift to allow the supervisor time to provide for adequate coverage. If the supervisor cannot be reached, the employee should leave a message with someone on the unit. Non-shift employees are required to call in no later than two (2) hours after the start of the shift. An employee who fails to call in or who calls in after the time limits specified above may receive lost time for that day.

IV. Tardiness

A) Tardiness is being late for work. Disciplinary action may be taken against an employee who develops a pattern of lateness for work or who is excessively tardy on one or more occasions.

IV. Tardiness (con't)

B) Lost time resulting from the first tardiness in a bi-weekly pay period may be made up within the same bi-weekly pay period the tardiness occurred; make-up time should equal the actual amount of time that the employee was tardy. Make-up time for tardiness should not be permitted if when added to other work time and paid leave, it would result in more than 40 hours being worked in any Thursday through Wednesday work week in that bi-weekly pay period. The total amount of time away from work because of tardiness, if not made up, or charged to lost time, must be charged as follows: to compensatory overtime credits (applicable only to personnel whose work week is fixed at 37 1/2 hours by the Director of Budget), to vacation credits and to personal leave in that order computed to the next higher quarter hour.

C) In the event that an Institutional Services Unit employee reports for duty fifteen or more minutes late without prior notification, the employee's supervisor will implement the following procedures:

1) If an employee has been assigned to work overtime and that employee agrees, he/she will be released from the overtime assignment.

2) If the employee on overtime decides to complete the full shift:

    a) Allow the tardy employee to work providing that his/her services would not exceed minimum on that unit or paired unit, or

    b) Send the tardy employee off duty.

3) If it is determined that the tardy employee is to be sent off duty, he/she may, at the supervisor's option, be allowed to use all accruals (other than sick leave) to cover the absence.

V. Overtime and Overtime Rosters*

A) All employees are eligible for overtime payment except those in grades 23 and above. Overtime work beyond forty (40) hours, in a Thursday through Wed work week, must be compensated in cash at time and one-half rates. Overtime worked must be submitted by the appropriate supervisor on the established forms in accordance with time frames established by the HRMO and Payroll Offices. Eligible employees, who work over forty (40) hours per week, will receive overtime pay.

B) Assignment of overtime shall be based on an overtime roster established in each appropriate work area. There will be one (1) overtime roster. All full time employees at each work location shall be listed in order of contractural seniority in State Service as defined in the respective contract agreements.

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V. Overtime and Overtime Rosters* (con't)

B) (con't)

When overtime is necessary, this roster is canvassed from top to bottom for a volunteer. When an employee works overtime his/her name then goes to the bottom of the roster. Those employees not on duty at the time of canvassing or who refuse voluntary overtime retain their place on the roster. If there are not sufficient volunteers, the list will then be canvassed, in the same order, on a mandatory basis. Refusal of mandatory overtime may be grounds for disciplinary action. All full time employees are required to work mandatory overtime.

Those employees who are on duty, but whose next scheduled day is a passday or authorized leave day, generally shall not be required to work overtime. Employees are not to work more than sixteen continuous hours at any time unless a "State of Emergency" is declared by the Director.

VI. Compensatory Time

A) Office and clerical employees whose work week is fixed at thirty-seven and one half (37 1/2) hours by the Director of Budget, and who may be required to work overtime, shall accrue compensatory time for the first two and one half (2 1/2) hours of overtime work performed in the Thursday through Wednesday work week.

B) Employees in Grade 23 and above are not entitled to any additional compensation--cash, compensatory time or overtime credits--for work beyond forty (40) hours in a work week, or work performed on passdays. In certain cases where staffing and coverage requirements allow, management may, at its discretion, approve a work schedule adjustment.

VII Time and Accrual Record (Refer to Addendum B - Sample Form 21- Bus and Instructions)

An employees' record of time worked and appropriate leave credits will be kept on Form 21-BUS, "Time and Accrual Record" (hereafter referred to as T & A sheet). Each T & A sheet covers two (2) payroll periods, a total of four (4) weeks. All information on the T & A sheets are to be kept in hours. When reference is made throughout the booklet of the number of "days" of leave a person earns or can accumulate, it should be calculated into the appropriate number of hours according to the employee's title:

e.g.: Physicians.................8 hours = 1 day
Administrative Services...7 1/2 hours = 1 day
All Others................8 hours = 1 day
Part-time...Prorated to amount of time actually worked

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VIII. Leaves with Pay

A) Passdays

All full-time employees generally are entitled to two (2) consecutive passdays out of seven calendar days.

B) Holidays

Every full-time employee is entitled to observe the following twelve (12) holidays: New Year's Day, Dr. Martin Luther King Day, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Election Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The State may designate up to two (2) of these holidays per year as floating holidays. If a holiday falls on an employee's passday, he/she is entitled to compensatory holiday time. Compensatory time off in lieu of holidays earned are recorded in a separate leave category known as "Holiday Leave". There is no maximum number of days that can be accumulated; however, no authorization exists to compensate employees in cash for unliquidated holiday leave upon separation from State service. Floating holidays should be placed in a separate "floating holiday" category on the T & A sheet and must be used as a full-day unit within one year from the date accrued. Part-time employees will observe a holiday if it falls on one of their scheduled work days, or if they actually work the holiday. No more than a standard eight (8) or seven and one-half (7 1/2) hour work day may be observed.

Employees receive pay for holiday worked unless the employee has signed a holiday waiver in which he/she "waives" or gives up the right to be paid extra pay for working on a holiday. Instead, he/she is granted compensatory time off. An employee can change his/her eligibility for holiday pay by notifying the Human Resource Management Office during the period April 1 through May 15 of each year.

An eligible veteran who receives holiday pay for working on Memorial Day or Veterans' Day is also entitled to compensatory time off with pay as provided by Section 63 of the Public Officers Law. An eligible former reservist who receives holiday pay for working Independence Day is also entitled to compensatory time off with pay as provided by Section 249 of the Military Law. If the employee has waived holiday pay, the employee is entitled to compensatory time off for time worked on the holiday in lieu of such holiday pay and is not entitled to a second day of compensatory time off. In the one case, both holiday pay and compensatory time off must be granted--in the other case, only the one day of compensatory time off may be allowed.

C) Vacations

1) Vacation time must be approved in advance by the employee's supervisor using form 69 ADM. New state employees will be credited with six and one-half (6 1/2) days vacation upon completion of thirteen (13) pay periods of service without a break.

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MDC 168

MONROE DEVELOPMENTAL CENTER
DAILY ATTENDANCE RECORD

1. Enter: Item No., Signature and Exact Time when first reporting for duty. (Time must specify AM or PM).
2. Enter: Time Out when leaving work area for lunch or reassignment. Remarks to include reassigned location.
3. Enter: Time IN when returning from lunch or reassignment.
4. Enter: Item No., Signature and Exact Time on next available line at time of departure.

Unit/Section: ______________________ Date: ______________

Service/Dept: ______________________ Shift: D E N

Supervisor's Signature indicates verification of complete form: ______________

ITEM #	SIGNATURE	TIME IN/OUT	OUT LUNCH	IN LUNCH	REMARKS

EMPLOYEE CALLING IN	TIME	REASON	EMPLOYEE TAKING CALL	ASSIGN SHIFT

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BUS21MDDSO (6/94)

TIME AND ACCRUAL RECORD

Name (Last, First, M.I.)	Title	Salary Grade	Item No.

Normal Work Week ☐ 40 Hours ☐ Other: ______ ☐ 37.5 Hours	Normal Starting and Quitting Time	Work Location	Anniversary Date Vacation	Anniversary Date Personal Leave

Negotiating Unit ☐ ASU ☐ ISU ☐ OSU ☐ PS&T ☐ SEC ☐ M/C	NYS Qual. Vet ☐ Non Vet ☐	M/C IPP Yes ☐ No ☐	Holiday Time Worked ☐ Pay ☐ Compensatory Time	For Period Ending *(Show last date)*

DATES			PRESENT			ABSENT											REMARKS
Day	Mo.	Day	Reg.	O.T./E.T.	Shift	Pass Day	Comp O.T.	Holi-day	Vaca-tion	Sick Leave	Pers. Leave	L.W.O.P.	L.W.P.	S.L. Half Pay	FMLA	VR WS	
Thurs.																	
Fri.																	
Sat.																	
Sun.																	
Mon.																	
Tues.																	
Wed.																	
TOTAL	XX	XX															
Thurs.																	
Fri.																	
Sat.																	
Sun.																	
Mon.																	
Tues.																	
Wed.																	
TOTAL	XX	XX															
Thurs.																	
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Mon.																	
Tues.																	
Wed.																	
TOTAL	XX	XX															
Thurs.																	
Fri.																	
Sat.																	
Sun.																	
Mon.																	
Tues.																	
Wed.																	
TOTAL	XX	XX															
GRAND TOTALS																	

ACCRUAL SUMMARY	Comp O.T.	Fl.Hol.	Holi-days	Vaca-tion	Sick Leave	Pers. Leave	FMLA	VR WS
Balance brought forward								
Accruals used (-)								
Subtotal								
Bonus Vacation/Sick (+)	XXX	XXX	XXX			XXX	XXX	XXX
Accruals earned (+)								
Ending Balance								

Paid Overtime	SUMMARY	
	Total Military Leave Used	
Leave Accruals Restored - Workers Comp. Leave	This per.	YTD
	Fam. Sick Leave Used	
	This per.	YTD

Notice: This is official notification of your leave accruals as of above date

EMPLOYEE'S SIGNATURE DATE

APPROVED SUPERVISOR'S SIGNATURE DATE

Audit Block

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MDC 64 (Rev. 12/86)

MONROE DEVELOPMENTAL CENTER
HOLIDAY PAY REPORT

COMPLETE IN DUPLICATE
(LEAVE CARBON INTACT)

(A) AGENCY: _____ MDC _____ MSU

(C) DATE OF HOLIDAY: ______________

(B) URC NAME: ______________________________

(D) NAME	(E) ITEM #	(F) SOCIAL SECURITY #	(G) # OF HOURS TO BE PAID	(H) URC CODE	(I) SHIFT CODE	(J) REASON CODE	(K) ACTUAL HOURS

FOR PAYROLL USE ONLY:

DATE PAID: ______________

PAYROLL #: ______________

PROCESSED BY: ______________

FOR PERSONNEL USE ONLY:

REASON FOR RETURN:

1. SISO not available
2. Elected not to be paid
3. Hours reported incorrect
4. Ineligible

AUDITED BY: ______________

______________________ / ________
Supervisor's Signature / Date

______________________ / ________
Chief of Service's Signature / Date

657

658

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INSTRUCTIONS
HOLIDAY PAY REPORT

1. Each program shall submit the Holiday Pay Report by day by shift, in duplicate with carbon intact, to the Personnel Office by close of business on the Friday following the last day of the pay period when Holiday Pay is to be paid. Sign In/Sign Out Sheets for that pay period or approved photostats of T&A for PS&T employees must be submitted with the Holiday Pay Reports. A separate form must be submitted for each date and each shift.

2. If shift worked is not the employee's regular scheduled hours, the employee is not eligible for Holiday Pay, but is eligible for overtime for hours worked in excess of 40 hours. (See Business Office Policy 13.12.2.)

3. Employees must be eligible for Holiday Pay in accordance with their Union Contract. Employees must have worked the holiday to receive Holiday Pay.

4. A. Agency - Check one
   B. URC Name - Enter the name of the URC Code where the holiday was worked.
   C. Date of Holiday - Enter the date the holiday was worked.
   D. Name - Enter employee's name.
   E. Item # - Enter employee's five digit item number.
   F. Social Security # - Enter employee's social security number.
   G. # of Hours To Be Paid - Indicate the number of hours to be paid. (The smallest part of an hour to be paid is ¼.)
   H. URC Code - Enter the proper URC Code for the location where the holiday was actually worked.
   I. Shift of Holiday - Indicate (1) for Nights, (2) for Days, or (3) for Evenings.
   J. Holiday Code - Reason for holiday pay - enter the corresponding code for the reason which caused holiday pay.

      a. Scheduled absence - vacations, pass days, educational leaves, etc.
      b. Unscheduled absence - sickness, no call/no show, etc.
      c. Lateness of incoming staff - for any reason, including storm or snow emergency.
      d. Maintenance of Minimum Staffing - because of staff shortage caused by retirement, vacant items, or any other reason; employee injured on duty, to provide minimum nursing coverage or to insure coverage by male MHTA.
      j. Other
      k. Regularly scheduled

   K. Actual Holiday Hours - Indicate the time the employee's holiday shift began and the time ended.

5. The duplicate copies of Holiday Reports shall be returned to each supervisor after processing by the Payroll Department. These documents should be maintained on file for a minimum of three months to respond to employee's questions regarding their holiday payments.

6. Holiday pay rejected as the result of the Personnel Office audit should be resubmitted with the necessary documentation or corrections as soon as possible. These reports resubmitted should be marked "Resubmittal."

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THEME AREA 10, UNIT 91

Supplement 1

Worksheet

1. How many hours do shift personnel work?

2. Why do staff eligible for overtime have to record actual arrival and departure time while those who aren't eligible are not required to do so?

3. How do they determine that a worker is tardy?

4. How can tardiness be made up?

5. What is the purpose of the Time and Accrual Record?

6. What time unit is used for record-keeping on the T & A form?

7. How would an employee use the accrual summary section at the bottom left hand corner of this form?

8. What is compensatory holiday time and how is it recorded?

9. Instead of pay, what compensation can an employee get for holiday work?

10. If an employee works on a holiday that is not his or her regularly scheduled hours, would he or she be eligible for holiday pay?

STATE
OF
NEW YORK

TRAVEL VOUCHER

Voucher No.

1 Originating Agency

Orig. Agency Code

Interest Eligible (Y/N) N

Payment Date (MM) (DD) (YY) / /

OSC Use Only

Liability Date (MM) (DD) (YY) / /

2 Payee ID

Additional

Zip Code

Route A

Payee Amount

MIR Date (MM/DD/YY) / /

3 Payee Name (Last) SPACE (FI) SPACE (MI) SPACE (Suffix)

IRS Code

IRS Amount

Agency Use Only

Stat. Type

Statistic

Indicator-Dept.

Indicator-Statewide

4 Negotiating Unit

5 Travel Advance No ☐ Yes ☐ Continuous ☐

Amount: $

Ref/Inv. No. (Limit to 14 additional spaces)

TRAVEL

6 Destination (include County)

Ref/Inv. Date (MM) (DD) (YY) / /

7 Purpose of Travel:

8 Date and Time of Departure: AM PM

9 Date and Time of Return: AM PM

10 Mode of Transportation:

11 Transportation Request Used: No ☐ Yes ☐

# # #

12 Lodging Request Used: No ☐ Yes ☐

# # #

	Sub Vo. No.	AMOUNT
13 Transportation Expense:		
14 Per Diem Allowance		
_______ Days @ $ _________ per day = $ ___________ Total - $ ___________ Amount of Lodging Request		
_______ Days @ $ _________ per day = $ ___________ Total - $ ___________ Amount of Lodging Request		
15 Meals Only:		
_______ Breakfasts @ $ ___________ + _________ Dinners @ $ ___________		
_______ Breakfasts @ $ ___________ + _________ Dinners @ $ ___________		
16 Miscellaneous Expenses/Explanations:		
17 Total Mileage from attached AC 160:		
___________ miles @ ___________ ¢ per mile		
	VOUCHER TOTAL	

PAYEE'S CERTIFICATION

I hereby certify that the above account and schedules annexed are just, true and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Signature ____________________ Official Title ____________________

Official Station ____________________

Home Address ____________________

City ____________________ Dated ____________________ 19_____

STATE COMPTROLLER'S PRE-AUDIT

Verified ____________________

____

Certified for Payment of the Total Amount

By ____________________

SUPERVISOR'S CERTIFICATION

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor ____________________ Title ____________________ Date ____________________

For Agency Finance Office Use Only
I certify that this claim is correct and just,
and payment is approved

By ____________________
Authorized Signature

Title ____________________ Date ____________________

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

OSC

☐ Check if Continuation form is attached.

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INSTRUCTIONS FOR COMPLETING THE TRAVEL VOUCHER

Please type or print clearly. If additional space is needed use the Travel Voucher Detail Sheet AC 148.

Item 1	Enter your agency's name, and your agency's five digit code.
Item 2	Enter your Social Security Number in the "Payee ID" block. (Required)
Item 3	Enter your last name, first and middle initials and suffix, e.g. Jr., Sr.
Item 4	Enter your Negotiating (Bargaining) Unit Code.
Item 5	Indicate whether you have been issued an advance. If yes, indicate amount. If continuous, check continuous box also.
Item 6	Enter the name of your travel destination (city, town, etc.). Traveler must identify County of destination.
Item 7	Enter specific purpose of trip.
Items 8 & 9	If more than one trip, list each one on AC 148 (not necessary if shown on AC 160).
Item 10	Enter principal means of transportation (train, bus, state car, etc.).
Items 11 & 12	Indicate whether or not a transportation request or lodging request or both were used. If so, indicate request number(s).
Item 13	Fill in and explain the entries related to transportation expenses. (May include train, bus, air, taxi, etc.).
Item 14	Multiply the number of days claimed by the appropriate per diem rate to compute the total per diem allowance. Deduct from this total the amount of any lodging request(s) used and enter the net figure in the amount column. (Space is provided if more than one per diem rate is applied).
Item 15	Enter all meals not included in per diem. Space is provided if more than one rate is used.
Item 16	List all miscellaneous expenses claimed (telephone, parking, etc.). This line can also be used for further explanation of any item(s). If additional space is needed use "Voucher Detail Sheet" AC 148.
Item 17	If a privately owned vehicle was used for travel, attach a completed AC 160. Enter the total mileage from the AC 160 on voucher line 17, and compute mileage allowance entering total in amount column.
NOTE:	Use AC 148 Voucher Detail Sheet only if additional space is required in order to include all necessary information. Any amount listed on AC 148 must be summarized in pertinent areas on AC 132.

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AC 148 (REV. 3/80)

STATE OF NEW YORK - TRAVEL VOUCHER

DETAIL SHEET

SEE INSTRUCTIONS ON TRAVEL VOUCHER AC 132

Voucher No. T

State Agency

Sheet No.

Payee Name:

Date Prepared

USE THIS FORM ONLY WHEN ADDITIONAL SPACE IS REQUIRED TO SUBMIT ALL NECESSARY INFORMATION

DATE	TIME		DESTINATION, PURPOSE, ITEM OF EXPENDITURE, ETC.	AMOUNT
	DEPARTURE	ARRIVAL		

ANY AMOUNTS ON THIS SHEET MUST BE SUMMARIZED IN PERTINENT AREAS ON AC 132

COMPTROLLER

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CAR POOL SLIP

DATE ______________________________

DRIVER ______________________________

DESTINATION ______________________________

CAR POOL PASSENGERS (signatures must be legible)

Signature	Work Number
Signature	Work Number
Signature	Work Number
Signature	Work Number

INSTRUCTIONS:

This form should be completed and signed by staff who have car pooled for a trip for which mileage reimbursement is being requested. Please complete a separate form for each trip. The completed form should be attached to the Travel Voucher when it is submitted for payment. This form may be used in place of a Non-Availability Slip for round trip distances up to 100 miles.

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CCC

EMPLOYEE NAME: ______________________________

CURRENT WORK LOCATION: ______________________________

****

APPLICATION FOR POSTED VACANCY OR ANTICIPATED VACANCY*

TITLE OF POSITION APPLIED FOR: ______________________________

WORK LOCATION OF POSITION APPLIED FOR: ______________________________

POSTING NUMBER: ______________ POSTING REMOVAL DATE: ______________

*A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSTING

****

CURRENT TITLE : ______________________________

ITEM NUMBER : ______________________________

CURRENT SHIFT : ______________________________

WORK PHONE EXTENSION : ______________________________

PASS DAYS: ____________ CURRENT STATUS (FULL OR PART): ____________

ARE YOU NOW, OR HAVE YOU EVER WORKED PART-TIME IN THE PAST? ____YES____NO

DATE FIRST APPOINTED TO STATE SERVICE: ____/____/____

DATE APPOINTED TO CURRENT TITLE : ____/____/____

LENGTH OF SERVICE IN CURRENT WORK ASSIGNMENT:
Date started assignment on ____/____/____, at location ______________

LENGTH OF SERVICE IN PREVIOUS WORK ASSIGNMENT:
Date started assignment on ____/____/____, at location ______________

HOME ADDRESS: ______________________________, ______________, ________
(number and street) (town) (zip)

HOME TELEPHONE #: ______________________________

______________________ Date

______________________ Signature

-Successful bidders will receive a separate notice confirming their selection.
-Unsuccessful bidders will receive this form at the work unit indicated above.

######################## DO NOT WRITE BELOW THIS LINE ########################

________Thank you for your interest. Although you were not selected for the position at this time, you may apply for future openings.

________Thank you for your interest. Although you were not selected for the position, the screening group carefully reviewed all submissions and it was found that the successful candidate's training and experience best suited the requirements of the position. Please feel free to apply again for future openings.

____

Orig: Posting File
Copy: Employee
WSDDSO-HRMO 86 (REV 9/94)

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THEME AREA 10, UNIT 91

SUPPLEMENT 2

THEME AREA 10, UNIT 91

Supplement 2

Worksheet

- **Travel Voucher**

1. What is the purpose of this form?

2. What information would you have to know to complete item #14?

3. Which item would be filled out if you had received an advance?

4. On the Instructions for Completing the Travel Voucher, which item(s) explain(s) the purpose of a "Voucher Detail Sheet" AC 148?

5. Can the "Voucher Detail Sheet" AC 148 be used alone?

- **Car Pool Slip**

6. What is the purpose of this form?

7. How is this form submitted?

- **Application for Posted Vacancy or Anticipated Vacancy**

8. What is the purpose of this form?

9. Why do you think only minimal information is asked for on this form?

10. Why are you asked not to write below the line at the bottom of the page?

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 10

Preview of Direct Care for Transitional Workers

UNIT 92

Writing Notes and Narratives

Job Context: Writing Log Entries

Communication Skills: Reading Comprehension; Writing Skills; Study Skills; Test-Taking Skills

Objectives:
- review writing notes and narratives
- review purpose of notes
- relay accurate, precise information in writing
- use correct grammar and punctuation
- practice editing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2

Introduction

In this unit you will review and practice writing notes and narratives.

Description of Videotape Materials

For this Learning Activity you will view a videotape segment of a Direct Care Worker, Joe, reviewing his log book. You will also see an occurrence at Gabby's worksite and an interview with Gabby about what happened. The segment is six minutes long.

The segment is on Videotape #2, and is labeled Segment 24[1]. It begins at 1:18:03.

There are three sections in this segment. In Section 1 you will see Joe reviewing his log book. This section begins at 1:18:03 and ends at 1:18:42. The second section is an occurrence at Gabby's worksite. It begins at 1:18:44 and ends at 1:23:59. The third section is an interview with Gabby. It begins at 1:24:00 and ends at 1:26:29.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 10, Unit 92). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

In Theme Area 2 you reviewed how to write notes and narratives. Turn back to Theme Area 2 and refresh your memory by skimming the Study Guide and your work.

Learning Activity 2

What is the purpose of keeping log notes? What can log notes be used for? On a sheet of looseleaf paper jot down your answers to these questions.

Learning Activity 3

View Segment 24, Section 1. What was Joe's purpose in reviewing the log notes? Write your answer on your looseleaf paper. Did you include this purpose on your first list?

---

[1] Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, bureau of Public Affairs, Copyright 1989, New York State Office of Mental Retardation and Developmental Disabilities.

Learning Activity 4

View Section 2. When you are finished viewing write a Recall List. Rewind the tape and view Section 2 a second time. As you are viewing add to your Recall List anything that you think would be important to include in a note on this occurrence.

Learning Activity 5

Supplementing this unit is a blank note form. Write a note about this occurrence on this form. Refer to your Recall List or re-view Section 2 as needed. Use complete sentences. Be sure to edit your work.

Learning Activity 6

View Section 3. How would you describe Rachael based on the information Gabby gives you? Review Section 3 and take notes. Now, on a sheet of looseleaf paper, write a description of Rachael.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your work from Learning Activities 2, 3, 4, 5, and 6

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

NYS OMRDD

IPP 65

NOTES

(5/90)

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 93

Reading Comprehension

Job Context: Preparation for PONSI Course

Communication Skills: Reading Comprehension - Using Pre-Reading Strategies

Objectives:
- comprehend textual material
- locate important information in the text
- improve comprehension skills
- introduce a procedure for studying text materials
- learn techniques for skimming

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review and practice techniques that will help you comprehend advanced-level written materials.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 93). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplement 1 to this unit is an excerpt from a textbook on **Positive Approaches to Behavior Changes.** Look at this text. If you were required to read this for a course, how would you start reading it? On a sheet of looseleaf paper, write down your ideas.

Learning Activity 2

There are many ways to approach written material to make it easier to understand what you are reading. You may have thought of them in the last Learning Activity. This Learning Activity and the ones that follow will review some techniques for helping you to comprehend complex material better.

The reading process is an interaction between the reader and the author of the text. As a reader you bring your own prior knowledge to what you are reading. This helps you understand the text better. It is helpful before beginning to read a text to think about how much you know about the topic that is being written about. That way, when you begin reading you will have some thoughts in mind that will help connect what you are reading to what you know.

One method of brainstorming how much you know about a particular topic is called "mapping." With mapping, you start with a broad idea and then use geometric shapes to show how this idea relates to other details.

In Supplement 2 is a map of vegetables. Study this map. Now complete the map that is started for you on vacations. Note that other items could be added to develop this map further.

Learning Activity 3

Return to Supplement 1 of this unit, an excerpt from a textbook on **Positive Approaches to Behavior Changes.** The topic of this text is "Social Roles and Positive Behavior Change." How much do you know about social roles? On the map chart in Supplement 3, make a map of social roles people play.

Learning Activity 4

In this Learning Activity you will practice the technique of skimming as a pre-reading activity. Skimming enables you to pick out the main ideas and important points and determine how the writing is organized. This framework makes it easier to understand the text when you read it.

Here is one method. Read the steps below and then try it with Supplement 1.

1. Read the first paragraph. (Often the author will provide a statement of the main ideas of the text in the first paragraph.)

2. Read the last paragraph. (The last paragraph may be a summary of the main points.)

3. Read any subheadings. (This can give you an idea of the topics that are covered and how the writing is organized.)

4. Read the first sentence of each paragraph. (The first sentence of each paragraph usually states the main idea for that paragraph. By reading the first sentence of each paragraph, you can get a sense of what the whole text is about.)

Now try these steps with Supplement 1. When you are finished, jot down on a sheet of looseleaf paper some notes stating what you think the Supplement is about.

Learning Activity 5

Now read the text. Take notes on what you are reading. Did your pre-reading activities make it easier for you to understand the text? Write a message to your Instructor discussing how you felt about the activities in this unit.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your work from Learning Activities 1 - 4

Send by e-mail

- Your message from Learning Activity 5

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

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SOCIAL ROLES AND POSITIVE BEHAVIOR CHANGE

Deeply rooted historical and cultural forces affect the lives of people with disabilities. These forces affect not only their behavior, but the way we as caregivers behave and indeed the way the entire service system is designed. Without understanding these forces and their dynamics, we cannot successfully modify behavior.

Perhaps the most influential of these forces are the social roles which people with disabilities are cast into by social, cultural and economic forces. We all play social roles in our daily lives and, undeniably, these roles shape our behavior and our response to everyday occurrences. Worker, church-member, neighbor, spouse, parent, lover, club-member — these are among the many roles non-disabled people play all the time. They are roles valued and supported by the society at large. We play these roles because we are encouraged to play them, expected to play them, because the society needs us to play them. They shape our identity and enhance our self esteem. Their influence on our lives can be brought into sharper focus by asking "How would I behave if most or all these roles are denied me?" Many of us have had these roles shaken or destroyed. Unemployment, divorce, death of a loved one, transfer to a new city all threaten the stability of the roles we play. When they are threatened, many non-disabled people react with behaviors we "understand": alcoholism, family violence, depression, irritability, anger, etc.

A difficult, but enlightening task we can undertake is to honestly consider the social roles played by people with disabilities, especially mentally retarded and other developmentally disabled people. The easiest part of this task is to examine the valued roles many non-disabled people play and ask how many of those roles people with disabilities play. How many are wage earners? Club-members? Parents? Lovers? Friends? Even a cursory examination reveals that the most valued roles in the culture are not played by disabled people – indeed are often denied to them.

This is not to say that people with disabilities don't play social roles. Perhaps the most commonly occurring role they play, and the one most of us can easily understand (or at least see) is that of "*client*." Not only is it the most frequently played role, but it is often the only one they are allowed to play. This status – *clienthood* — has certain salient characteristics. A *client* is always a recipient ("of services"), almost never a "giver". A *client* is almost always grouped with other similar *clients*, and is rarely treated as an individual. A *client* is typically surrounded almost exclusively by other *clients* and by paid caregivers, rarely by people who are there voluntarily (which is vastly different from "volunteers").

Where there is no freely given relationship, it should go without saying, there is no love - *clients* often lead loveless lives. Another harsh reality rarely acknowledged and often denied. But let's take a look at what a love relationship implies. It is freely given. There is no payment involved. It is permanent. It is stable. It is unconditional. How many *clients* have relationships like that?

Clients are surrounded 24 hours a day by people who hold the belief — are professionally trained to believe – that you "can't get too close." When almost everyone around you holds that belief, who will "get close" when the need arises? Who will get close just for the sake of getting close?

If we accept this reality (and there are many who don't), it sheds a new kind of light onto "behavior problems." It helps us to reassess old practices and provides a new frame of reference from which we can analyze the issue at hand. Perhaps the problem is not just "in the person". Strategies become apparent which we had never thought of before because the problem has been entirely redefined. How can we build relationships with security, stability and esteem into the lives of people routinely denied them?

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The answer to that question is really rather simple: in the same ways that non-disabled persons do, through out work, hobbies, families and friends, our involvement in community life and so on.' The task facing human service workers to how to incorporate these things which so many of us take for granted into the lives of people for whom they are usually non-existent. Lord & Pedlar (1991) evaluated "life in the community" after deinstitutionalization found that although people lived in the community they were not integrated into community life. Also, they had very limited social networks. Therefore, it is important to assist people in developing social roles which are truly community based.

There are really many strategies which can be pursued to integrate people into the community. Some take money. Others simply require a commitment to make things happen. For example, with no new resources – just a redefinition of existing job roles – some organizations have begun to "weave" people with disabilities into the fabric of American community life by taking advantage of that All-American institution, the association. Every American community is full of groups and associations for almost anything you can think of. Cat-Lover Societies, Civil War Clubs, quilters, choruses, hiking and biking groups, theater groups, welcome wagons, and on and on and on. Often, thee associations willingly open their doors to people with disabilities if only they are asked and given a little support to do so. it really doesn't matter if the individual is "good at " whatever it is the association members do. They will often accommodate themselves to the needs of the "different" person.

A true story may further illustrate the point. A young man with a developmental disability living in a community residence, could not locate a suitable day program. He had been to every sheltered workshop in a three country area, and had been thrown out of each of them. Within a few days, he had committed the same "crime" in each program: slugging his floor supervisor. Of course, he was labelled a "behavior problem" and the team was called on to develop a "behavior plan". And a second and a third, all of which did not "work". At their wit's end, the agency called in a consultant who began by asking the assembled cast (including the young man and his father), about the fellow's history, about the kinds of places he enjoyed spending time, the places he didn't seem to like, the kinds of people he respected and got along with and those he didn't like so much. After several hours of questioning along these lines, it became apparent that the man's preferences were simply different than those being imposed on him. He didn't like sheltered workshops. He didn't like to be around lots of other disabled people. He didn't like people holding meetings about him and carrying files around about him. On the other hand, he enjoyed helping out in his community. He enjoyed working outside. And he was always respectful of the clergy. The agency "bit the bullet", and agreed not to make him adapt his behavior to the requirements of a workshop. They found him a volunteer job working alongside the custodian of a local church. And lo and behold, there was never a behavioral incident at the church.

The moral of this story is simple on the surface but profound in it's implications. The moral is that the young man's preferences drove the planning, not those of the system. The professionals put away their deeply ingrained habit of imposing their opinions on disabled people. They listened to the messages this young man was giving. They stopped saying "But he must do thus and such" and accepted the fact that he did not want to be in a sheltered workshop. This is an incredible attitudinal change, the difficulty of which cannot be overstated.

This planning process demonstrated an honest attempt to plan around the young man's capacities instead of his deficits. Instead of saying "He can't stay on task", "He's aggressive", they asked different kinds of questions. "What are this person's gifts"? Well, he likes to help. He enjoys being outside, in his community. He's respectful of the clergy. They entirely redefined the way they saw this man. His identity changed from someone with a behavior problem to someone who truly had gifts to offer, if only some creativity were applied to the task of finding those gifts. The planning process revolved around those gifts, not around fixing his deficits.

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The search for those supports led to another not so surprising result. The supports this young man needed could only partially be located within the system. Extra-systemic supports had to be recruited: the clergyman, the custodian, someone to provide transportation, others to provide emotional and moral support. The team realized the system alone could not address the man's preferences, could not build on his capacities as effectively as those other supports could. Such supports were found in an integrated community setting where the young man was no longer viewed as a *client*.

from: Warren, B. and Hoffman, J. (1991). Positive Approaches to Behavior Change, Volume II, NYS OMRDD, p. 7 - 9

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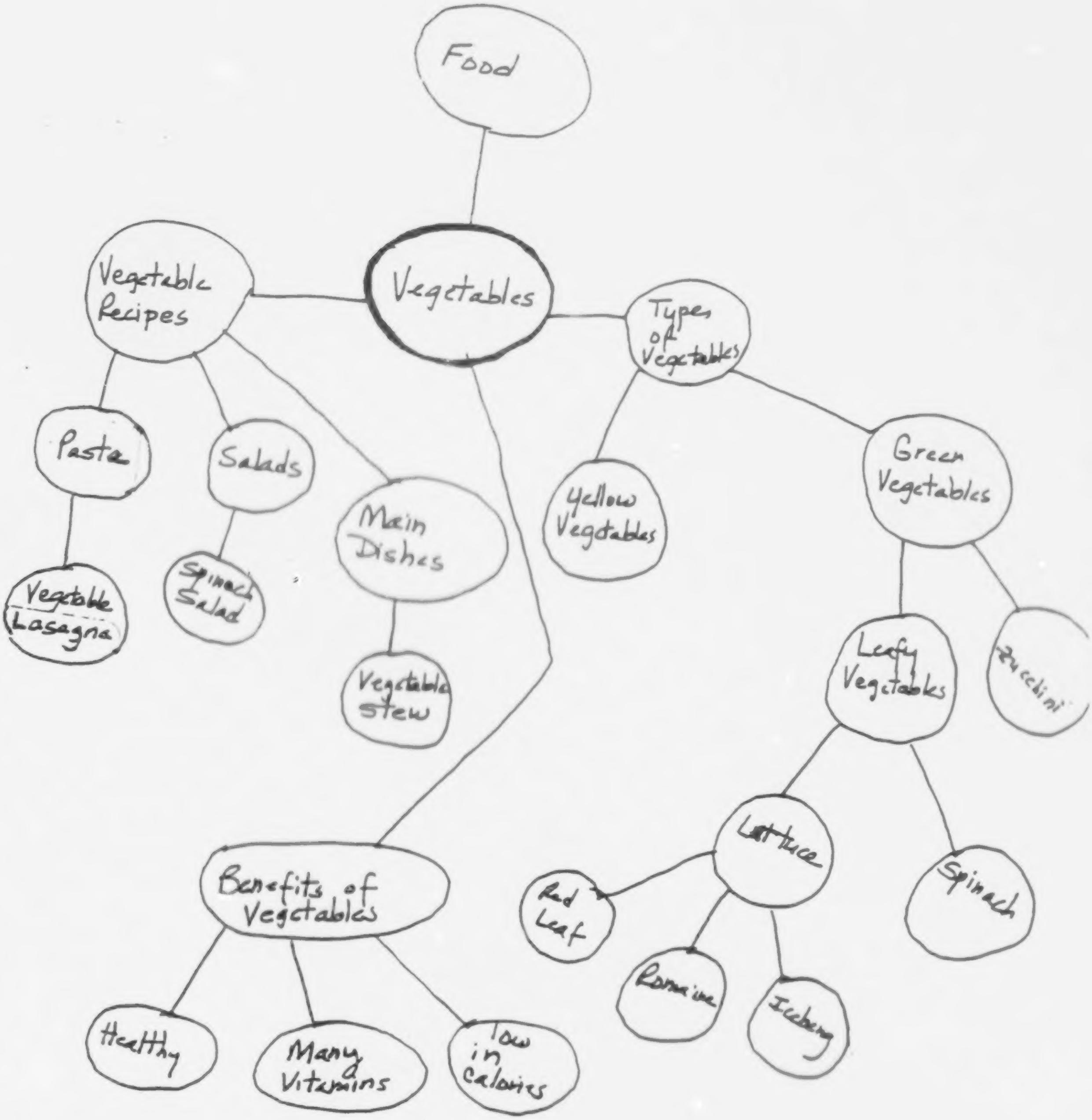
Theme Area II, Unit 93
Supplement 2


Food
Vegetables
Vegetable Recipes
Types of Vegetables
Pasta
Salads
Main Dishes
Yellow Vegetables
Green Vegetables
Vegetable Lasagna
Spinach Salad
Vegetable stew
Leafy Vegetables
Zucchini
Lettuce
Spinach
Red Leaf
Romaine
Iceberg
Benefits of Vegetables
Healthy
Many Vitamins
low in Calories

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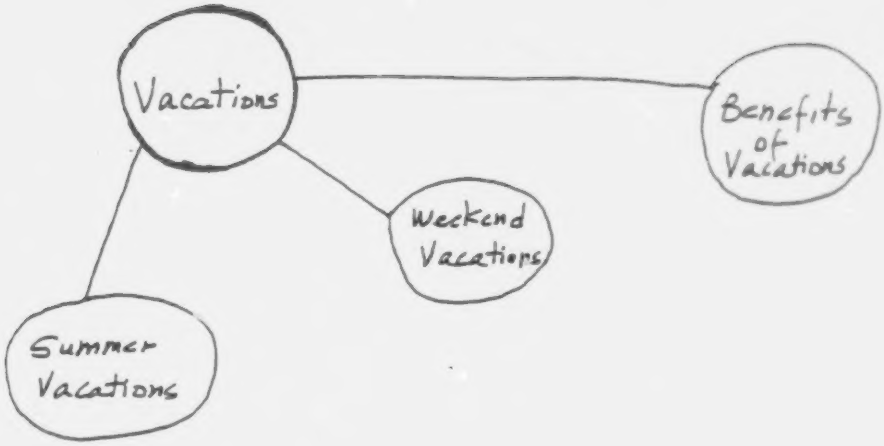
Theme Area II, Unit 93
Supplement 2


Vacations
Benefits of Vacations
Weekend Vacations
Summer Vacations

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Theme Area II, Unit 93
Supplement 3

SOCIAL ROLES PEOPLE PLAY

Social
Roles

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 94

How To Study

Job Context: Preparation for PONSI Course

Communication Skills: Reading Comprehension; Summarization; Study and Organization Skills

Objectives:
- review textual material
- understand technical vocabulary through the context
- locate important information in the text
- improve comprehension skills
- introduce a procedure for studying text materials

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary
- Supplement 1 from Unit 93

Introduction

In this unit you will learn a technique for studying text materials: SQ3R.[1]

---

[1] The following text was used as a reference in developing this unit: Sotiriou, Peter E. (1989). **Interpreting College Study Skills**, 2nd ed. Wadsworth Publishing Company, Bedford, CA, 217 - 223.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 94). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Description of SQ3R Method of Studying Text Materials

The letters in SQ3R stand for **Survey, Question, Read, Recite, and Review.**

Survey

Survey means previewing what you will be reading. The procedure is similar to the steps you follow in Learning Activity 4 of the last unit, Unit 93: Reading the first paragraph, the last paragraph, the first sentence in each paragraph, and any headings. In addition, study the title of the chapter. Sometimes there are pictures or illustrations that can give you some additional information on what the text is about.

Question

Now that you have some idea of what the text is about, can you think of some questions you would want to have answered? For example, a question you might want to have answered after surveying Supplement 1, Unit 93, might be, "How do the social roles that people with disabilities play differ from the social roles of the rest of society?"

As you read, you'll keep these questions in mind. This will help you focus more when you are reading.

Read

Only now will you begin to read the text. If the text belongs to you, underline the main ideas and supporting details on the text page. If you have any questions or comments, jot them in the margins. Try not to underline too much. Only underline the most important information.

Recite

This step gives you an opportunity to see how well you understand what you have read. If you are reading a long text, it is best to stop after reading every few pages to "recite" before you continue reading.

Without referring to the text, summarize what you read by writing notes on a piece of looseleaf paper.

Review

When you have finished the complete text, review your text markings and your recitation notes. If you are studying this material for an exam, you will repeat this step as often as necessary until you have a complete understanding of the material.

Learning Activity 1

Use Supplement 1, Unit 93 to practice the SQ3R method of study reading. Follow each of the steps outlined above.

Learning Activity 2

Write an e-mail message to your Instructor describing your work with the SQ3R method.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes and marked text from Learning Activity 1

Send by e-mail

- Your message from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 95

Practicing Reading Comprehension Techniques

Job Context: Preparation for PONSI Course

Communication Skills: Reading Comprehension; Summarizing Skills; Using Strategies for Understanding Text

Objectives:
- review textual material
- understand technical vocabulary through the context
- locate important information in the text
- improve comprehension skills
- introduce a procedure for studying text materials

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Dictionary

Introduction

In this unit you will practice the techniques you learned in Units 93 and 94.

Learning Activity

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme

Area 11, Unit 95). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity

Pick a piece of written material of your own. It could be a text you are using for a course, an article you would like to read, or written training material from OMRDD.

Use the strategies you learned in Units 93 and 94 to help comprehend the text. Make a map for the text. Preview the text. Read the text using the SQ3R method. When you are finished, send your notes along with a copy of the text you used to your Instructor.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by regular mail:

- Your notes and text from the Learning Activity

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 96

Note-Taking Practice

Job Content: Study and Note-Taking Skills

Communication Skills: Reading Comprehension; Writing Skills; Study Skills; Note-Taking Skills; Noting Important Deals in Reading

Objectives:
- practice note-taking skills
- apply techniques to job-related topics

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2
- Dictionary

Introduction

In this unit and Unit 97 you will practice taking notes from lectures.

Description of Videotape Materials

The videotape segment is divided into three parts. The first part is about the normal process of eating; the second part is about normal physiology; and the third part is a biography of a Direct Care Worker: Joe.

The videotape for this unit is on Tape #2 and is labeled Segment 25[1]. It begins at 1:26:34 and ends at 1:35:00. The first section of this segment begins at 1:26:38 and ends at 1:28:04. The second section begins at 1:28:07 and ends at 1:29:29. The third section begins at 1:29:30 and ends at 1:34:58.

Learning Activity

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 96). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1[2]

Section 1 of Segment 25 is about the normal process of eating. View this section. At the end of the section stop the tape.

Make a Recall List: write down whatever you recall from this segment.

Rewind the tape. Replay Section 1 of Segment 25. As you view this section take notes skipping lines on your paper.

Put your notes aside. Without looking at your notes, add as much information as you can to your Recall List, using a different color pen or pencil.

How many additions did you make to your Recall List? ________________

Rewind the tape. Play Section 1 again.

Make any necessary additions to your notes.

---

[1] **"Through Your Hands" .... Eating Skills**, Copyright 1986, New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Staff Development and Training; **"Through Your Hands" .... Physical Disabilities**, Copyright 1986, New York State Office of Mental Retardation and Developmental disabilities, Bureau of Staff Development and Training; Courtesy of New York State Office of Mental Retardation and Developmental Disabilities, Bureau of Public Affairs.

[2] Learning Activities for this unit and Unit 97 follow the format presented in Perin, D.; Ortiz, R. K.; Cohen, A.; Aberkemeirer, M. L. (1991). **College Preparation for Health Care Worker: Videotape Science Lectures Viewing Guide**. CASE/CUNY, Lecture I, p. 5-13.

Learning Activity 2

The main topic of this section is the Normal Eating Process. Using your notes list all the steps in the Normal Eating Process. Check your list against the list in Supplement 1. You may want to view Section 1 of Segment 25 again to find any points you missed.

There were other facts mentioned in the tape. These facts are not as central to this section as the information on the main topic but may be of interest to you.

Use your notes and list some of these facts. Check your list against the list in Supplement 1.

Learning Activity 3

Section 2 of Segment 25 is about normal physiology.

Use the steps outlined in Learning Activity 1 to make a Recall List and take notes on this section.

Check your notes against the notes provided for you in Supplement 2.

You may want to re-view Section 2 of Segment 25 to find any points you missed.

Learning Activity 4

Underline the words in your notes whose spelling you would like to check.

Use the notes in Supplement 2 or a dictionary to check the spelling.

Learning Activity 5

Section 3 of Segment 25 is Joe talking about his life.

You can use this section for additional practice on note-taking, if you wish. Make a Recall List and then take notes. Review Section 3 to be sure you've included all of the important information in the tape.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- A message to your Instructor telling him or her that you finished this unit and how you found the work.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 11, UNIT 96

Supplement 1

Answer Key, Learning Activity 2

Steps of the Normal Eating Process

1. Lift food to mouth - requires physical coordination and effort.
2. Lips - hold food in place while biting.
3. Teeth - seal mouth for efficient chewing.
4. Jaw muscle - move so teeth can cut, tear and grind food.
5. Tongue - prepare food for swallowing.

Other Facts

1. A pleasant, relaxed environment makes eating more enjoyable.
2. A well-balanced diet sustains physical and mental health.
3. The tongue is a strong muscle.
4. Eating and drinking are complex functions.

THEME AREA 11, UNIT 96

Supplement 2

Answer Key, Learning Activity 3

Notes on Normal Physiology

Normal physiology is defined as the structure and bodily functions of human beings.

All body systems work together: the skeletal, muscular and nervous system.

Skeletal System

- made up of bones, cartiledge and joints
- has 3 functions
    1. support
    2. protection
    3. movement
- many different kinds of bones
    - skull
    - vertebrae (spinal column)
    - ribs
    - limbs

Muscular System

- muscles are attached to bones
- they are elastic - lengthen and shorten during movement
- function - maintain posture

Nervous System

- messages sent to muscles by nerves
- central nervous system consist of brain and spinal cord
- transmit messages through other nerves to muscles and other organs

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 97

Taking Lecture Notes

Job Content: Study and Note-Taking Skills

Communication Skills: Reading Comprehension; Writing Skills; Study Skills; Note-Taking Skills

Objectives:

- practice note-taking skills
- apply techniques to job-related topics

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Videotape #2
- Dictionary

Introduction

In this unit you will practice the techniques you learned in Unit 96 on more advanced lecture material.

Description of Videotape Materials

The videotape segment for this unit is on Tape #2 and is labeled Segment 26[1]. It begins at 1:35:05 and continues for 12 minutes until the end of the tape. The lecture you will see is about Human Anatomy specifically how the back functions. The presentation and information move as quickly as if you were attending a college lecture on this topic. Feel free to stop the tape and rewind it as many times as needed to get the information you need for your Recall List and Notes. You may want to watch the lecture and take notes in 1-minute sections and rewind and review each section as needed.

As you get better at doing this you can view and take notes on longer sections.

Check your work against the Supplement which gives you Notes for the first 7 minutes of the tape. There are 5 additional minutes of lecture that you can use for additional practice.

View Segment 26 in these smaller sections.

1:35:05 - 1:36:36
  Parts of Back
  Central Nervous System
  Peripheral Nervous System

1:36:36 - 1:38:00
  Parts of Spine

1:38:00 - 1:39:20
  More on Spine

1:39:20 - 1:41:25
  Discs

1:41:25 - 1:42:00
  Ligaments

---

[1] **Dynamics of a Well Back**, Copyright 1987, New York State Office of Mental Retardation and Developmental Disabilities.

1:42:13 - end

Back Muscles, etc.
5 minutes for additional practice

Learning Activity

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 97). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

View Segment 26 in the 1-minute units outlined above. Follow the steps in Unit 96, Learning Activity 1 to make a Recall List and take notes. Feel free to rewind and review the tape as many times as you need to when taking notes.

Check the final version of your notes against the answer key in the Supplement.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- A message to your Instructor telling him or her that you completed this unit and how you found the work.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

THEME AREA 11, UNIT 97

Supplement

Notes

These notes were written while viewing the tape and are in rough form. As such, some of the technical words may not be spelled correctly. If you were taking notes for a course you would write them in rough form, such as this, and then check for correct spelling against your textbook before using this information to write a paper or take a test.

1:35:05

It's important to understand the components of the back and how they function together.

Spine--
- allows us to stay upright
- protects spinal cord

Spinal cord along with the brain make up the central nervous system.

The central nervous system is the computer center for the body.

From the central nervous system comes the peripheral nervous system. It is made up of 31 pairs of nerves.

peripheral nerves--

- supply motor and sensory components to our body

motor components--

- those things that allow us voluntary movement

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sensory component--

- temperature, pain, touch sensation, knowing where we are in space

It's important to protect the central nervous system and the peripheral nervous system from injury.

1:36:36

What makes up the spine?

33 vertebrae -- present from the time born.

- first 7: cervical vertebrae --make up neck
- next 12: thoracic vertebrae --trunk and where ribs attached
- next 5: lumbar vertebrae low back, where we have most of injury
- next 5: sacral vertebrae --make up sacrum fused
- last 4: coccygeal vertebrae --make up tailbone.

1:37:30

What does vertebrae look like?

- Front part--solid bone--called the body
- Behind it--hole--spinal canal -- where spinal cord runs
- On side projections -- transverse processes
- Behind spine recess -- bumps feel when run fingers down back.

1:38:00

Look at the spine from the side.

When two vertebrae come together they form a Intebveterbra foramen (sp.?) This allows the exit of the peripheral nerve.

- Facet joints
  - -- most important part of back
  - -- aligned differently in different parts of back and allow motion.
- cervical spine on angle
  - -- allows motion in bending and rotation
- thorasic spine
  - -- more straight angle
  - -- more rotation and lateral bending
- lumbar spine
  - -- doesn't allow for rotation but allows for bending and extension

Joints can wear out and get things such as arthritis.

1:39:20

Discs

- outer tissue called the amulus
- inside--neucleous--jelly tissue--moves around
- purpose of discs to be shock absorbers

Discs withstand compression forces
-- forces bend foward, back, sides

Discs can't handle twisting and sharing
-- forces that tear fiber of annulus
-- leads to ruptured disc

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As disc ages
- -- lose ability to maintain moisture and resiliency

As dries out shrinks
- -- opening for peripheral nerve gets smaller
- -- may pinch on nerve
- -- surfaces of facet joint closes --- painful.

1:41:25

Ligaments

anterior longitudinal ligament--	front of vertebral column
posterior longitudinal ligament--	inside of spinal canal

Very wide at top and narrower at bottom.

Predisposed to injuries in lumbar spine--less supporting tissues.

There are a number of small ligaments from one vertebrae to another that supply additional support.

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 98

Math Review (Ratio, Proportions, Fractions)

Job Context: Using Advanced Math Skills on the Job

Communication Skills: Mathematical Skills; Problem-Solving Skills

Objectives:
- review ratios and proportions
- practice using proportions to solve word problems
- review operations on positive fractions

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review and apply advanced math skills.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded one at a time onto your screen.

As you are working on a problem, you can see a worked-out example in the top half of the screen. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you are working on a terminal, you will not be able to use the math program on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you do not have access to a computer loaded with the math program, do the exercises on the colored worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 4 **Ratios and Proportions**

- Section 4 **Using Proportions to Solve Word Problems**

Chapter 2 **Operations on Positive Fractions**

- Section 7 **Exponents and Order of Operations**

Learning Activity 2

If you have any difficulty completing the problems in this review, you may want to continue practice by completing Sections 2 - 6 in Chapter 2, Operations on Positive Fractions.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- A message to your Instructor telling him or her that you completed this unit and how you did

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 99

Math Review (Geometric Figures)

Job Context: Using Advanced Math Skills on the Job

Communication Skills: Mathematical Skills; Problem-Solving Skills

Objectives:
- review geometric figures
- practice advanced math skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit, you will review geometric figures. You will also have the opportunity to work on an advanced mathematical skill area of your own choosing.

Learning Activities

The exercises for this unit are on computer software. The name of the program is **Introduction to Basic Math**.

From the first screen you will see the Chapters. The next screen will list the Sections. Once you choose a section, the problems for that section will be loaded onto your screen.

As you are working on a problem, you can see a worked-out example in the top half of the screen. You can also get an explanation of how a problem is done from the menu bar at the top of the screen by clicking **detailed help. You should try to do the problems on your own first before asking the computer for help**.

There is also a built-in calculator which can be reached from the menu bar. You can use this calculator when you're working. You may also want to keep a scrap piece of paper by your work station for doing calculations.

If you are working on a PC, this program should be loaded onto your computer. You should have also gotten written instructions from the technology specialist describing how to start the program. If the program is not on your computer or if you don't know how to bring it to your screen, check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you are working on a terminal, you will not be able to use the math program on your computer. Your DDSO may have arranged for you to have access to a PC that is loaded with this computer software. If so, do this unit on that computer. If you are not sure whether there is a PC you can use for this exercise, please check with your team leader, your Instructor, or call our technology specialist. Her name and number are listed in the front of your Study Guide.

If you do not have access to a computer loaded with the math program, do the exercises on the colored worksheets in your worksheet folder.

Learning Activity 1

Complete the following on the **Introduction to Basic Math** software:

Chapter 7 **Geometric Figures**

- Section 1 **Perimeter of Geometric Figures**
- Section 2 **Area of Geometric Figures**
- Section 3 **Volume of Geometric Figures**

Learning Activity 2

In any remaining time, complete any math chapter and section of your own choosing in the **Introduction to Basic Math** software.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor by e-mail:

- A message to your instructor telling him or her that you completed this unit and how you did. Be sure to let him or her know which sections you completed for Learning Activity 2.

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 100

How To Organize Your Writing

Job Context: Effective Writing Skills

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- review and practice how to organize writing
- use correct grammar and punctuation
- use vocabulary correctly
- picking out topic sentences

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review how to organize your writing. You will also review the meaning and spelling of words that people sometimes confuse.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 100). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplement 1, from the **NYS OMRDD Effective Writing Skills Supplemental Learning Guide,** discusses how to organize your writing. Read this supplement. Then answer the questions on the activity sheet that follows. Check your answers against the answer key on the next page.

Learning Activity 2

Supplement 2, also from the **NYS OMRDD Effective Writing Skills Supplemental Learning Guide**, is a list of problem words you might encounter in your writing. Study these words. Pick **six** of the word groups that you feel you'd most likely use in your own writing. Write a sentence for each of the two words in each word group.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheets for Learning Activity 1
- Your sentences from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Organize your writing.

Make an outline

There are several reasons why you should spend a few minutes planning and organizing before you begin to write:

1. You will develop a better understanding of what you want to say.
2. You will be able to present your ideas more logically.
3. You will have fewer problems with writer's block.
4. You will make more efficient use of the time you spend writing.

Organizing your writing usually involves making an outline. This does not need to be the sort of formal outline that involves Roman numerals, capital letters, Arabic numerals, and lower case letters. An outline is any device you use to organize your thoughts.

The simplest type of outline is called a topical outline. A topical outline is a list of items you want to include in your writing. For example, if you are writing a memo on safety inspections, your topical outline might be a list of the various things to be checked in the inspection.

Once you have your list of topics, you can arrange them in a logical order. You may decide that you have three main points to make and that everything else in the outline illustrates one of those points. For example, suppose that you are documenting your procedure for orienting new staff members. You might have a list of topics that looks like this:

Introduce new employee to staff.

Explain procedures for handling petty cash.

Introduce new employee to consumers and their families.

Explain safety procedures.

Explain record keeping procedures.

Show new employee fire exits.

Explain scheduling procedures.

Explain emergency evacuation procedures.

You might arrange these topics under three main headings:

Social:

Introduce new employee to staff.

Introduce new employee to consumers and their families.

Safety:

Explain safety procedures.

Show new employee fire exits.

Explain emergency evacuation procedures.

Administrative:

Explain procedures for handling petty cash.

Explain record keeping procedures.

Explain scheduling procedures.

Use paragraphs and topic sentences

A paragraph is a unit of thought. Each of the topics in your outline will deserve at least one paragraph.

Each paragraph should begin with a topic sentence — that is, a sentence that tells the reader what the paragraph is about. The rest of the paragraph will develop or explain or illustrate the idea in the topic sentence.

If a paragraph is unusually long or if it deals with a difficult topic, you may want to end the paragraph with a summary sentence. This type of sentence will help your reader grasp what you have just said before moving on to the next paragraph.

Use transitions

Transitions are like sign posts to the reader. They help the reader see how each sentence or paragraph is related to the sentence or paragraph before it. Transitions make your writing easier to follow. Some common transitions are:

therefore
for example
also
specifically
more
on the other hand
this
such
but
later
another
however
again
finally
these
they

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ACTIVITY SHEET

1. The following list concerns the proper handling of meat and leftovers. Organize the list into an outline. Which are the most general points? Can the other ideas be grouped under these main points?

    Knives should be washed after they are used to cut raw meat.

    Meat must be handled properly.

    Bacteria begins to grow in leftovers when their temperature goes below 185°.

    Leftovers must be stored properly.

    Partially eaten food should not be kept.

    Cutting surfaces used for raw meat should be washed thoroughly.

    Meat should be cooked thoroughly to destroy harmful bacteria.

    Leftovers should not be kept for more than a few days.

2. Underline the transition words in the following paragraph.

A written report is often the most effective way to communicate important information. But some people hate to write because they find the process difficult and time-consuming. They may also hate this task because their writing has been criticized in the past. The following guidelines will help you overcome these problems. They should also help you prepare more effective written reports.

ANSWER SHEET

1. There are two main points in this list: "Meat must be handled properly" and "Leftovers must be stored properly." The other ideas can be grouped under these main points.

    Meat must be handled properly.

        Knives should be washed after they are used to cut raw meat.

        Cutting surfaces used for raw meat should be washed thoroughly.

        Meat should be cooked thoroughly to destroy harmful bacteria.

    Leftovers must be stored properly.

        Bacteria begins to grow in leftovers when their temperature goes below 185°.

        Partially eaten food should not be kept.

        Leftovers should not be kept for more than a few days.

2. A written report is often the most effective way to communicate important information. But some people hate to write because they find the process difficult and time-consuming. They may also hate this task because their writing has been criticized in the past. The following guidelines will help you overcome these problems. They should also help you prepare more effective written reports.

from: NYS OMRDD Effective Writing Skills Supplemental Learning Guide

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PROBLEM WORDS

adapt, adopt. To *adapt* is to modify something for a new purpose. To *adopt* is to take something over as it is. A new manager who *adopted* her predecessor's policy would take it over without change. If she *adapted* her predecessor's policy, she would use it with modifications.

advice, advise. *Advice* is a noun. *Advise* is a verb. When people *advise* you, they give you *advice.*

affect, effect. *Affect* means to influence. Your religious beliefs may *affect* your political opinions. *Effect* as a noun means a result or consequence. Doctors worry about the *effects* of smoking on health. As a verb, *effect* means to create or to bring about. The new tax law may *effect* radical changes in the way people use their credit cards.

capital, capitol. *Capitol* refers only to the building in which a legislative body meets. *Capital* is the correct word in all other cases. Albany is the *capital* of New York State. In some states murder is a *capital* offense. To start a business, you need to raise *capital.*

complement, compliment. A *complement* completes something or makes a fitting addition to something. Her scarf *complements* her hair. A *compliment* is a bit of flattery.

council, counsel. A *council* is a group or a committee. A *counsel* is an attorney. *Counsel* also means advice; as a verb, to *counsel* means to give advice. When a *counsel counsels* you, she is giving you *counsel.*

discreet, discrete. *Discreet* means tactful or judicious. *Discrete* means separate and distinct.

disinterested, uninterested. *Disinterested* means impartial. *Uninterested* means indifferent.

flaunt, flout. *Flaunt* means to parade. *Flout* means to treat with contempt.

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imply, infer. A speaker *implies.* A listener *infers.*

its, it's. *Its* is a possessive pronoun. *It's* is a contraction for "it is."

lie, lay. *Lie* means to rest or recline. It never takes an object. You never *lie* something down.

Present: Stan *lies* down after lunch every day.
Past: The book *lay* on the table.
Past Perfect: Jan has *lain* in a sick bed for days.

Lay always takes an object. You *lay* something down, but you never *lie* something down.

Present: *Lay* the book on the table.
Past: She carefully *laid* the tomatoes on the counter.
Past Perfect: I have *laid* the foundation for my house.

principle, principal. A *principle* is a basic belief or truth. A *principal* is the head of a school. As an adjective, *principal* means main or most important.

from: NYS OMRDD Effective Writing Skills Supplemental Learning Guide

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related Career and Academic Skills

UNIT 101

Summary of the Writing Process

Job Context: Effective Writing Skills

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- review guidelines for clear writing
- use correct grammar and punctuation
- prepare to write
- practice organizing ideas

Materials:

- Study Guide
- Looseleaf Paper and Pen
- Bazerman Handbook

Introduction

This unit will summarize the writing process. You will practice applying the steps outlined to a work-related topic.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 101). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Read and study Chapter 15 in your **Writing Skills Handbook**, pages 101-112. Highlight or take notes on the main ideas. Understanding this text will prepare you for Learning Activity 2.

Learning Activity 2

For this Learning Activity you will practice the first three steps outlined in this chapter:

- Gathering Ideas
- Limiting the Idea and Making it Precise
- Planning

Pick one of the following topics:

- Purchasing Food for a Community Home
- Planning an Outing
- Administering Medications
- Staffing of a Community Home
- The Individual I Work With

Complete each of the steps listed above. Complete your work for each step on a separate sheet of looseleaf paper. Head your sheet with the step you are working on, e.g., Gathering Ideas. Refer to the **Writing Skills Handbook** as you work and apply one or more of the suggestions given there.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 11

Career-Related College and Academic Skills

UNIT 102

Understanding College Catalogues

Job Context: Preparation for PONSI Course

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- read and review a catalogue of course offerings
- locate important information in text
- improve comprehension skills
- practice skimming skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

One of the steps you may complete as you detemine how to meet your career-related college and academic goals is to review college catalogues of course offerings. This unit will give you practice in understanding course descriptions as they would appear in these catalogues.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 11, Unit 102). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to.

Learning Activity 1

Supplementing this unit is a description of some of the courses offered by OMRDD. If these pages were part of a college catalogue, what would probably be your purpose in reading it? How would you go about reading it the first time around? (e.g., read complete document, skim document, etc). Write your answers to these questions on a sheet of looseleaf paper.

Learning Activity 2

How does the author of this document organize the information so it will be easy for you to find the information you need? Jot down your answer to this question on a piece of paper. Then answer the questions on the Worksheet in the Supplement Section.

WHEN YOU HAVE COMPLETED THIS UNIT:

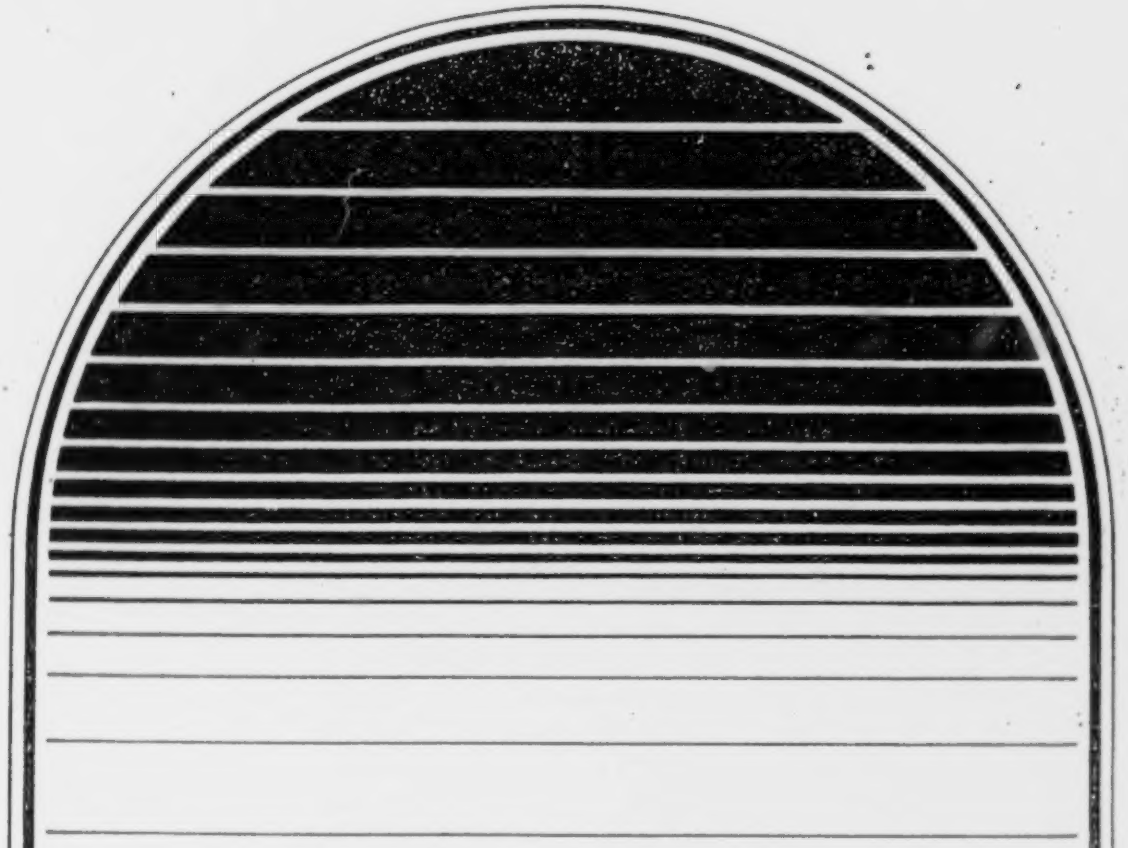
Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 1
- Your Worksheet from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

Theme Area I, Unit 102
Supplement



College Credit Recommendations

The Directory of The National Program on Noncollegiate Sponsored Instruction

1992 Edition

The Board of Regents of the University of the State of New York
The State Education Department
Albany, New York

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NEW YORK STATE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

The New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) is responsible for developing, providing, and regulating an integrated planning and service system that provides for the needs of the mentally retarded and developmentally disabled citizens of the State. The OMRDD system consists of 20 service regions, or Developmental Disabilities Service Offices (DDSO), that directly serve some 20,000 people with developmental disabilities in institutional and community-based programs. To accomplish this, the current system requires a work force of 28,000 people. In addition, not-for-profit provider agencies, in partnership with OMRDD, serve another 20,000 people with developmental disabilities in community-based programs, requiring an additional work force of 25,000.

OMRDD is committed to assuring a high quality and stable work force. In this effort, each DDSO has an established Education and Training Department that conducts a variety of courses to develop professional expertise. The overall administrative responsibility of this program is with the Office of Workforce Planning and Development within OMRDD.

Source of official student records: Director of Training and Development, Office of Workforce Planning and Development, New York State Office of Mental Retardation and Developmental Disabilities, 100 Watervliet Avenue, Albany, New York 12206.

Active Treatment and Therapeutic Techniques I (A-1301)

Location: The following Developmental Disabilities Service Office: Monroe.

Length: 42 hours (8 weeks); in addition, approximately 80 hours of supervised on-the-job practicum.

Dates: April 1988 – Present.

Objective: Develop program plans for developmentally disabled clients; identify and perform on-the-job therapeutic techniques, such as behavior modification, daily living skills, communication skills, and personal hygiene skills for the developmentally disabled.

Instruction: Instruction in this course is based on the following modules contained within the Direct Care Curriculum developed by OMRDD: Active Treatment Through the Program Planning Process, Behavior Observation and Modification, Daily Living Skills, Communication Skills I, and Personal Hygiene. Topics include: team process; assessment; identification of strengths and needs; writing goals and objectives; programmed intervention; record keeping and documentation; behavior principles; methods for changing behavior; ethical and practical issues in the use of behavior modification; implementation of behavior modification programs; instruction techniques for teaching daily living skills; task analysis; basic principles of effective communication; techniques for improving communication skills; skills to assist the client in personal hygiene. Mastery of course content is assessed by a standardized comprehensive final examination administered on a statewide basis. Student skill attainment is measured using standardized competency-based checklists for each module.

Credit recommendation: In the lower division baccalaureate/associate degree category, 2 semester hours in Human Services, Community Residence Aide or Mental Health Therapy Aide degree programs, or as an elective in Occupational Therapy Assistant, Physical Therapist Assistant, or other Allied Health Sciences degree programs (11/87). NOTE: The Daily Living Skills module of this course overlaps with the Activities of Daily Living module of Recreation in Daily Living. If both courses are completed, the combined credit recommendation is 3 semester hours in the lower division baccalaureate/associate degree category in the appropriate discipline areas listed.

Active Treatment and Therapeutic Techniques II (A-1302)

Location: The following Developmental Disabilities Service Office: J.N. Adam (beginning March 1991).

Length: 74 hours (12 weeks); in addition, approximately 120 hours of supervised on-the-job practicum.

Dates: October 1989 – Present.

Objectives: Utilize appropriate communication techniques with developmentally disabled persons; demonstrate appropriate therapeutic activities, i.e., positioning, ranging, and transferring; design individual programs for teaching daily living skills; describe basic health care for developmentally disabled clients; perform basic health care management techniques; identify and demonstrate application of selected pieces of adaptive equipment.

Instruction: Instruction in this course is based on the following modules contained with the Direct Care Curriculum developed by OMRDD: Communication Skills II, Teaching Daily Living Skills, Basic Therapeutic Skills Health Issues, and Adaptive Equipment. Topics include: anatomy of the speech mechanism; normal development of speech and language; speech disorders; augmentative communication techniques; instructional methodology and design of daily living skills programs; body mechanics; transfers; handling and relaxation; positioning techniques; range of motion; major organ systems; disorders and treatment of each system; the use of selected adaptive equipment and devices. Laboratory exercises involve habilitation techniques, communication techniques, uses of adaptive equipment/devices, and basic health care manage-

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ment techniques. Mastery of course content is assessed by a standardized comprehensive final examination administered on a statewide basis. Student skill attainment is measured using standardized competency-based checklists for each module. (Prerequisite: Active Treatment and Therapeutic Techniques I [A-1301].)

Credit recommendation: In the lower division baccalaureate/associate degree category, 3 semester hours (2 lecture, 1 laboratory) in Human Services, Community Residence Aide, or Mental Health Therapy Aide degree programs, or as an elective in Occupational Therapy Assistant, Physical Therapist Assistant, or other Allied Health Sciences degree programs (11/87).

Introduction to Developmental Disabilities (A-1000)

Location: The following Developmental Disabilities Service Offices: Brooklyn (beginning April 1988); J.N. Adam (beginning March 1991).

Length: 55 hours (10 weeks); in addition, approximately 100 hours of supervised on-the-job practicum.

Dates: April 1988 – Present.

Objective: Identify and describe the characteristics of the major developmental disabilities; discuss the etiology of and treatment approaches for each disability; describe normal development and its relationship to developmental disabilities.

Instruction: Instruction in this course is based on the following modules contained within the Direct Care Curriculum developed by OMRDD: Overview of Developmental Disabilities, Normal Growth and Development, Exploring Values, Sensory Disability, and Physical Disability. Topics include: definition of a developmental disability; types of developmental disabilities; attitudes; characteristics and service needs of people with developmental disabilities; normal development from childhood to aged; the necessity for therapeutic intervention; etiological characteristics; handicapism; normalization; development of central nervous system; normal and abnormal sensory motor integration; client observations; physical disabilities including cerebral palsy, spina bifida, neuromuscular diseases, Down's syndrome, and arthritis. Classroom practicum experiences entail simulated and actual treatment situations and treatment observations. Mastery of course content is assessed by a standardized comprehensive final examination administered on a statewide basis. Student skill attainment is measured using standardized competency-based checklists for each module.

Credit recommendation: In the lower division baccalaureate/associate degree category, 3 semester hours in Human Services, Community Residence Aide, Mental Health Therapy Aide, or Occupational Therapy Assistant degree programs, or as an elective in Physical Therapist Assistant or other Allied Health Sciences degree programs (11/87).

Medication Administration (A-1200)

Location: The following Developmental Disabilities Service Offices: Rome, Broome, Syracuse, Westchester (beginning April 1988); J.N. Adam (beginning March 1991); Wassaic (beginning August 1991).

Length: 35 hours (2 weeks); in addition, approximately 30 hours of supervised on-the-job practicum.

Dates: April 1988 – Present.

Objective: Administer medications safely using proper procedures to ensure unit dose accuracy of the right medication by the right route of administration.

Instruction: Medications and related issues; fundamentals of medication therapy; observing for physical and behavioral problems and/or changes; reporting and recording physical and behavioral problems and/or changes; assisting the client when visiting a physician or the pharmacy; recording and storage of medications; medication administration; vitamins and minerals; medications that affect the respiratory system, the cardiovascular system, the urinary system, the nervous system, the endocrine system, the gastrointestinal system, the skin and mucous membrane, the eye and ear; general and local anti-infectives; over-the-counter medications. Mastery of course content is assessed by a standardized comprehensive final examination administered on a statewide basis. The student must also administer medications to a minimum of five clients over three consecutive trials with 100 percent accuracy.

Credit recommendation: In the lower division baccalaureate/associate degree category, 2 semester hours in Nursing Sciences, Human Services, Community Residence Aide, Mental Health Therapy Aide, or Allied Health Sciences (11/87).

Nature and Needs of People with Developmental Disabilities (A-1100)

Location: The following Developmental Disabilities Service Offices: Newark, Westchester, Broome.

Length: 50 hours (7 weeks); in addition, approximately 100 hours of supervised on-the-job practicum.

Dates: April 1988 – Present.

Objective: Describe the historical background of services to persons with developmental disabilities; state legal and ethical considerations, and explain principles and philosophies underlying service delivery; identify and access community support systems that address the needs of the developmentally disabled.

Instruction: Instruction in this course is based on the following modules contained within the Direct Care Curriculum developed by OMRDD: Client Rights and Legal Issues, Normalization, Family Relationships, Socialization, Helping Clients Adjust to Community Living, and Community Support Systems. Topics include: ensuring the rights of developmentally disabled persons; legal issues in mental retardation; the social definition of deviancy; norm-

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alization; reactions of the family toward a developmentally disabled member; the meaning of socialization in the lives of mentally retarded people; strategies for promoting socialization; social skills training techniques; resources and experiences in socialization; coping skills for transition to community living; procedures for arranging services for a person with a developmental disability. Classroom practicum experiences entail simulated and actual treatment situations and treatment observations. Mastery of course content is assessed by a standardized comprehensive final examination administered on a statewide basis. Student skill attainment is measured using standardized competency-based checklists for each module.

Credit recommendation: In the lower division baccalaureate/associate degree category, 3 semester hours in Human Services, Community Residence Aide, or Mental Health Therapy Aide degree programs, or as an elective in Allied Health Sciences degree programs (11/87).

Recreation in Daily Living (A-1500)

Location: The following Developmental Disabilities Service Office: J.N. Adam (beginning March 1991).

Length: 33 hours (6 weeks); in addition, approximately 60 hours of supervised on-the-job practicum.

Dates: October 1989 – Present.

Objective: Discuss the benefits of recreation and leisure time activities; assess recreational needs and develop goals to meet those needs; plan for successful implementation of recreation programs; adapt activities to meet specific client needs; assist client in becoming independent in daily living skills.

Instruction: Instruction in this course is based on the following modules contained within the Direct Care Curriculum developed by OMRDD: Leisure and Recreation I, Leisure and Recreation II, and Activities of Daily Living. Topics include : the value of recreation; considerations relevant to recreation for persons with developmental disabilities; assessment and development of recreation programs; activity analysis and adaptation; theories of play skills development; relationship of functional levels to activities of daily living; instructional techniques for teaching daily living skills; task analysis; methods for changing behavior; skills to assist clients in personal hygiene. Mastery of course content is assessed by a standardized comprehensive final examination administered on a statewide basis. Student skill attainment is measured using standardized competency-based checklists for each module.

Credit recommendation: In the lower division baccalaureate/associate degree category, 2 semester hours in Human Services, Community Residence Aide, Mental Health Therapy Aide, or Occupational Therapy Assistant degree programs, or as an elective in Physical Therapist Assistant or other Allied Health Sciences degree programs (11/87). NOTE: The Activities of Daily Living module of this course overlaps with the Daily Living Skills module of Active Treatment and Therapeutic Techniques I. If both courses are completed, the combined credit recommendation is 3 semester hours in the lower division baccalaureate/associate degree category in the appropriate discipline areas listed.

THEME AREA 11, UNIT 102

Supplement

Worksheet

Answer these questions by **skimming** the text.

1. If you could only take one course at the J.N. Adam location, what course would you take?
2. How long is the course **Nature and Needs of People with Developmental Disabilities?**
3. What course would you take if you wanted to learn how to assist clients in becoming independent in daily living skills?
4. How do the instructors of the **Active Treatment and Therapeutic Techniques** courses determine that their students have learned the material in the course?
5. What is the credit recommendation for **Introduction to Developmental Disability?**

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 12

Planning for the Future and Evaluation of Distance Learning Program

UNIT 103

Setting Goals

Job Context: Setting Short-, Medium-, and Long-Range Goals for Work, Training, and Education

Communication Skills: Reading Comprehension; Writing Skills; Problem-Solving

Objectives:

- review the relationship between planning for the future and actualizing your goals
- review setting of short-, medium-, and long-range goals
- set goals in three areas: job, training, and education
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will review the process for planning and accomplishing goals. You will set your short-, medium-, and long-range goals for work, training, and education.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 12, Unit 103). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of the unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1[1]

Think about a "project" in your life where you feel you've been successful. An example might be having a child, buying a house or a car, selecting a school for your child, etc. What steps did you take to meet this goal? What obstacles did you have to overcome before your goal was accomplished?

Write an e-mail message to your Instructor and discuss a goal you've successfully met. Be sure to edit and spell-check your work before sending it.

Learning Activity 2

You may have already discussed your goals or next steps after you finish this program with your Distance Learning Counselor. If you have, make a list of some of the things that you discussed.

Learning Activity 3

Supplementing this unit is a form entitled **My Goal/Action Plan.** Complete this form by writing your long-range goals (over the next 3 - 5 years), your medium-range goals (what you want to accomplish one year from now), and your short-range goals (what you plan to do in the next year). Answer the questions on the bottom of the form. If there is not enough space on the page, continue writing on a sheet of looseleaf paper.

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[1] Adapted from CASE/CUNY (1994). **Communication Skills for Psychiatric Rehabilitation Curriculum Guide for Therapy Aides.**

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your notes from Learning Activity 2
- Your worksheet from Learning Activity 3

Send by e-mail

- Your message from Learning Activity 1

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check you work.

MY GOAL / ACTION PLAN

"A Goal is a Dream Taken Seriously"

LONG RANGE GOALS (3-5 years)

Job Goals (New assignments, responsibilities, titles, promotions)

Training Goals (On-the-job training, new knowledge and skills)

Educational Goals (Formal schooling and courses outside of work)

MEDIUM RANGE GOALS (1 year from now)

Job Goals (New assignments, responsibilities, etc.)

Training Goals (OJT, new knowledge, etc.)

Educational Goals (Formal schooling, etc.)

continued

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SHORT RANGE GOALS (within the next year)

Job Goals (New assignments, responsibilities, etc.)

Training Goals (OJT, new knowledge, etc.)

Educational Goals (Formal schooling, etc.)

To be completed by (date):____________________.

Possible barriers which might prevent me from achieving these goals:

Ways in which I might overcome these barriers (include people who might help):

Other activities which might help:

From: CASE/CUNY (1994). Communication Skills for Psychiatric Rehabilitation: Curriculum Guide for Therapy Aides.

OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 12

Planning for the Future and Evaluation of Distance Learning Program

UNIT 104

Educational Opportunities

Job Context: Educational and Training Programs

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- become familiar with educational and training programs available
- review written material on educational and training programs
- relate educational and training opportunities to own goals
- practice writing skills

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

In this unit you will become familiar with some of the educational opportunities available for CSEA-represented employees.

Learning Activities

Label a looseleaf page with your name, today's date, Theme Area # and Unit # (Theme Area 12, Unit 104). Head each part of your written work with the Learning Activity number so that your Instructor will know what part of this unit it applies to. Some of these Learning Activities ask for your personal opinions or experiences. Any information you give will be kept confidential.

Learning Activity 1

Turn back to the worksheet you completed for Unit 103, where you listed your training and educational goals. Review these goals in preparation for Learning Activity 2.

Learning Activity 2

Supplement 1 consists of Fact Sheets on educational programs provided through Project Reach and LEAP. Read these Fact Sheets. Then answer the questions on the worksheet that follows.

Learning Activity 3

In Supplement 2 are case studies of two people who decide to continue their education. Read each case study. Then e-mail a message to your Instructor answering the questions at the end of each case description. Be sure to provide a heading for your message before you start writing so your Instructor will know which case you are discussing. Be sure to edit and spell-check your work before sending it.

Learning Activity 4

Have you or any of your friends or co-workers ever faced difficulties such as those that were described for Karen and Steven? If so, discuss the problem and how it was resolved in an e-mail message to your Instructor. Be sure to edit and spell-check your work before sending it.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 2

Send by e-mail

- Your messages from Learning Activities 3 and 4

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

PROJECT REACH

FACT SHEET

WHAT IS PROJECT REACH?

Project REACH is New York State's workplace skill enhancement program for CSEA- represented employees. It is the umbrella for a wide variety of projects jointly sponsored by the State of New York through the Governor's Office of Employee Relations (GOER) and the Civil Service Employees Association, Inc. (CSEA).

WHO FUNDS PROJECT REACH?

The program is funded from monies negotiated between the State and CSEA, as well as various State and federal workplace literacy grants.

WHAT IS THE PROGRAM'S MISSION?

The mission of Project REACH is to enhance CSEA- represented employees' job skills, enabling them to take advantage of promotional opportunities and access other educational and training initiatives.

Our programs are designed to help employees begin to explore their educational potential. We prepare students to move on to other employee educational benefits such as LEAP, JAC or CSEAP.

WHAT TYPE OF PROGRAMS DOES PROJECT REACH OFFER?

Project REACH programs provide skill development in reading, writing, math and other workplace competencies. Major programs include:

☞ ***Adult Basic Education (ABE):*** For employees who need beginning level reading, writing and math.

☞ ***English as a Second Language (ESL):*** For employees whose native language is not English but who need to learn to read and write in English.

☞ ***General Equivalency Diploma (GED):*** For employees who would like to obtain a high school equivalency diploma by taking the GED exam.

☞ ***College Preparation:*** For employees who need a refresher in reading, writing, or basic math prior to returning to school or beginning college-level classes.

All of these Project REACH classes are taught at the work site by certified instructors

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from local school districts/BOCES or community colleges and are designed for a minimum of twelve participants. Classes are established as an agency identifies a need for a particular type of training. REACH staff will consult with agency management and/or union representatives to customize programs.

- ***Contextual Skills:*** Contextual skill enhancement programs are custom designed to teach employees the skills needed to do their jobs using the kinds of materials and/or situations that are encountered in a specific work environment.

  Such programs are highly effective because they provide a familiar learning context and offer the opportunity to directly improve job performance. Employees participate in the design and development of these programs, and in many cases, actual workplace materials and terminology are included in the curriculum. Examples of current workplace skill programs for State job titles include: Mental Health Therapy Aides (MHTAs), Community Residence Aides (CRAs), Youth Division Aides (YDAs), Commercial Drivers, Laundry Service Workers, and Boiler Plant operators. Many additional workplace skill programs are under development.

- ***Consulting***

  Project REACH staff from GOER and CSEA are available to consult with agency and union leadership to custom design a REACH program to meet your needs.

- ***To Learn More***

  If you are interested in finding out more about Project REACH programs, please contact us at (518) 473-3939 indicating your location and the program in which you are interested.

LEAP TUITION VOUCHER PROGRAM

THE PURPOSE OF LEAP

The purpose of the Labor Education Action Program (LEAP) is to provide educational benefits to CSEA-represented State employees, enabling them to achieve greater career mobility and promotional opportunity, and to prepare for future State workforce needs.

ELIGIBILITY REQUIREMENTS

In order to be eligible to participate in LEAP, you must either be:

- a CSEA-represented State employee in the Division of Military and Naval Affairs, Administrative, Institutional, or Operational Services Bargaining Units (DMNA, ASU, ISU, OSU) who received a paycheck dated **May 3, 1995 or May 10, 1995**, OR who was laid off after June 1, 1994, has not been rehired, and is on a Civil Service Preferred List; OR

- an employee of Health Research, Inc., SUNY Construction Fund, or the Teachers' Retirement System (HRI, SUCF, TRS) who received a paycheck dated **May 3, 1995**.

Individuals in bargaining units DMNA, ASU, ISU, OSU and SUCF who are otherwise eligible for LEAP but were on an approved non-disciplinary leave without pay or who were receiving Workers' Compensation benefits during these payroll periods may also apply for LEAP. Documentation of either the approved leave or Worker's Compensation benefits must be signed by a Personnel official and **MUST BE ATTACHED** to the application form. Documentation must specify the reason for the leave as well as the starting and ending dates. The applicant's bargaining unit, agency code, and anniversary date (the date of appointment to State service) must also be included.

WHO WILL RECEIVE A LEAP VOUCHER?

Vouchers will be awarded based upon available funding to eligible applicants whose properly completed applications are **RECEIVED by LEAP on or before 5:00 PM July 14, 1995.** When the negotiated funding level does not allow LEAP to award vouchers to all eligible applicants, a priority system (described on page 4) is used which is based upon each individual's recent history with LEAP and anniversary date (the date of appointment to State service). Vouchers are then awarded, as available funding will allow, to applicants in order of priority.

WHAT VOUCHERS WILL COVER

A LEAP voucher will cover tuition for either ONE graduate or undergraduate course up to a maximum of 3 to 4 credits, OR ONE non-credit course. **All fees are the student's responsibility.** The value of a voucher may not exceed an amount equivalent to 4 credits at the SUNY four-year college tuition rate. (We are unable at this time to specify the maximum dollar amount due to a possible increase in SUNY tuition rates. However, your voucher will specify its maximum value.)

** NEW FOR FALL '95 **

- **LEAP Reimbursement Program:** Even if the school you'd like to attend is not listed in this catalog as participating in LEAP, you may still apply for a tuition benefit through the LEAP Reimbursement Program! If approved for funding, you would be required to pay for the course yourself and successfully complete the course with a passing grade. You would be awarded a LEAP voucher which would entitle you to reimbursement of tuition costs, paid directly to you, upon successful completion of the course. Please see page 4 of this catalog for more information on the LEAP Reimbursement Program.

- **Fees:** In order to extend LEAP tuition benefits to as many individuals as possible, LEAP vouchers will no longer cover lab fees. Vouchers may be used to pay for tuition costs only.

THEME AREA 12, UNIT 104

Supplement 1

Worksheet

1. Have you ever taken advantage of the education benefits offered by Project REACH or LEAP? If so, describe.

2. What is the mission of Project REACH?

3. What class would you enroll in if you spoke Spanish?

4. What class would you take if your goal was to apply for a position that required a high school diploma?

5. What could you do if a class you wanted to take was not offered at your work site?

6. What is meant by contextual skills?

7. Would the Distance Learning Project be an example of a contextual skills program?

8. What can LEAP vouchers be used for?

KAREN GOES TO COLLEGE

Karen, a 51 year old woman, wife and mother of 2 grown daughters decided it was time to do something with her life...but what? Her good friend Lisa said, "I'm going back to school to get my nursing degree, why don't we go together? I have an appointment with an advisor at the college...come with me."

Karen thought about her friend's idea and mentioned it to her husband Jim that evening at dinner. He thought it was a good idea, saying, "This way you won't be so bored and maybe you'll meet people." So with Jim's approval, Karen went with Lisa to see the counselor. She was given an interest and competency test and scored high in mathematics and logic. Feeling good about this information, Karen with the help of her advisor signed up for two courses (introductory level) in computer programming and philosophy.

In the beginning, things went smoothly. However, as mid-terms drew near and assignment deadlines approached, Karen felt she needed to spend more time at the library. She became part of a study group and enjoyed the support she received from them as well as her new found freedom. However, one evening Jim began to complain "How is it, you're spending more time at the library? I hardly see you anymore. And besides, I'm tired of eating these quickie meals. You don't fix those meals we use to have...and you don't invite our friends over any more?" On and on went the list of complaints, from neglecting Jim to the neglect of the house and "the way things use to be."

Karen was stunned by Jim's reaction. Filled with guilt, she resolved to try harder to please him. By the end of the semester, Karen was totally exhausted. She complained to her friend saying "The pressures are just too much. Am I doing the right thing? Is it really worth it? Jim is not happy...what should I do?"

QUESTIONS: What would you say to Karen? How might she begin to deal with her situation? What would you say to Jim?

From New Horizons, by William Haponski and Charles McCabe.

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THE JILL–STEVEN STORY

Jill is married and mother of two small children, ages five and eight and one on the way. Steven, her husband works for the State of New York as an engineering technician (grade 9). During his nine years with the State, he has only had two promotions and is unable to advance any further without a two year degree.

Steven went to speak with his supervisor, and was encouraged to return to college and work towards an Associate's Degree. He then made an appointment with an advisor in the continuing education department at the local community college. The bottom line...he only needed 18 additional credits to finish his degree. Steven was excited about his decision and couldn't wait to tell Jill. He decided not to let her in on his plan until he worked it out.

Upon hearing the news, Jill flew into a state of panic and reacted by saying: "Why didn't you let me in on this? I can't believe you wouldn't ask me. You'll be studying all the time...when will you have time for me and the children? Will you have to quit your bartending job at night? What will we do for extra money?"

Steven was surprised at Jill's reaction. He thought she would be pleased with his decision. He said to Jill, "Don't worry, I'll get a summer job. I'll have to quit my part-time job and attend school at night, but it will be worth it.. I'll be in a better position for promotions, you'll see. Maybe you can get a part-time job, Jill."

Jill looked at him in disbelief. "What do you think I do all day? I haven't worked in ten years...are you crazy? Who will take care of the children? No Steven, I'm not going out to work...I'm really upset with you."

Steven and Jill are at a point of conflict. QUESTION: *What do you see as the real problem? What are their options?*

From New Horizons, by William Haponski and Charles McCabe

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OMRDD/REACH/CUNY DISTANCE LEARNING PROGRAM

STUDY GUIDE

THEME AREA 12

Planning for the Future and Evaluation of Distance Learning Program

UNIT 105

Evaluating the Distance Learning Program

Job Context: Educational and Training Programs Available; Evaluation of Distance Learning Course

Communication Skills: Writing Skills

Objectives:
- evaluate participation in this Distance Learning Program

Materials:

- Study Guide
- Looseleaf Paper and Pen

Introduction

Now that you have finished this Distance Learning Program, we are interested in your evaluation of the program. Your comments on what you liked and disliked and what worked for you or what you feel should be changed will be helpful to us in planning this program for future participants. In this unit you will evaluate the Distance Learning Program.

Learning Activity 1[1]

Supplementing this unit is a worksheet with questions about the Distance Learning Program. Answer the questions on this worksheet.

Learning Activity 2

Write an e-mail message to your e-mail partner about your participation in this Distance Learning Program. Would you recommend the Program to others? Why or Why not? See if you and your partner agree. You will not be sending a copy of this message to your Instructor, so feel free to say whatever you wish. Just let your Instructor know that you have done this activity.

WHEN YOU HAVE COMPLETED THIS UNIT:

Send the following to your Instructor:

Send by regular mail

- Your worksheet from Learning Activity 1

Send the following to your e-mail partner only:

Send by e-mail

- Your message from Learning Activity 2

This is a self-paced learning program. You may have completed this unit in one hour or you may want to work on it over more than one session. If you finish this before the hour session is over you may want to take time to review and check your work.

---

[1] This Learning Activity asks for your personal opinions or experiences. Any information you give will be kept confidential.

THEME AREA 12, UNIT 105

Evaluation of the Distance Learning Program

1. When you started the Distance Learning Program, what did you hope to accomplish?

2. Did you meet these goals? Explain.

3. What did you like best about the program?

4. What would you change or do differently?

Please comment on the following:

5. Communication with your Instructor

6. Communication with your advisor

7. Using the All-In-One e-mail system

8. Using computer software

9. The Study Guide units

10. How easy was it to work on this program at your work site?

11. Would you recommend this program to another Direct Care Worker?

12. Any other comments?

WRITING SKILLS HANDBOOK, 3RD ED.

Bazerman and Weiner

WORKSHEETS

THEME AREA 4

UNIT 28

2b

First Set

Circle the verb in parentheses that agrees with the subject in the sentences below.

1. All of the students (go, goes) home for the weekend.
2. Each of our 41 presidents (has, have) wanted to make a mark on history.
3. The idea that thousands of babies are starving around the world while she is wasting food (bother, bothers) Nicole.
4. None of the contestants (know, knows) the answer.
5. Either the coach or the football tri-captains (lead, leads) the pre-game cheer.
6. Ethel, along with her friends Mildred, Alice, and Gwenn, (was, were) shooting baskets last night in the playground.
7. Ethel and her friends Mildred, Alice, and Gwenn (was, were) shooting baskets last night in the playground.
8. Nobody (know, knows) the trouble I have seen.
9. The clowns that amuse my baby sister (laugh, laughs) at their own jokes.
10. I get that feeling that no one, not even the people in the White House, the CIA, or the FBI, (understand, understands) everything about the crisis.
11. A number of mountains in Colorado (is, are) over 14,000 feet tall.
12. She and I (talk, talks) every day about philosophy and Confucianism.
13. There (is, are) five reasons for you to vote this year.
14. The fishing buddies of my uncle Fred, who never (bring, brings) home a thing for my Aunt Mara, showed up for his birthday party.
15. The data on cigarette smoking (is, are) hard to ignore.

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2b

Second Set

Circle the verb in parentheses that agrees with the subject in the sentences below.

1. Each of the football players (get, gets) a chance to play in every game.
2. One of the orchestra members, ten of whom (was, were) out sick with the flu, (was, were) responsible for introducing the conductor.
3. Either Milt or Wanda or Frank (is, are) going to run for president, and all of us (have, has) pledged to support the others.
4. IBM™ (employ, employs) thousands of people.
5. A group of us (drive, drives) to the beach every Sunday; most of us (show, shows) up with a sunburn on Monday.
6. A number of protesters, police, and innocent bystanders often (suffer, suffers) injury during protests in South Korea.
7. Some people think that the Rolling Stones (is, are) the best rock band around.
8. There (was, were) an otter and three whales at Pt. Lobos that day.
9. Either the nurses or the doctor (check, checks) in on him every day.
10. Horror novels (is, are) a genre that I read avidly.
11. The home unit of the soldiers who (were, was) lost last week (is, are) throwing a party for them today.
12. Natty Bumppo, like Cooper's other heroes, Uncas and Chingachgook, (know, knows) the woods better than seems humanly possible.
13. A high percentage of the people at the football game (consume, consumes) too many hot dogs each Sunday.
14. A majority of the council (has, have) decided to make city hall into an historical monument.
15. Peas (is, are) his favorite vegetable.

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THEME AREA 5

UNIT 40

1: SENTENCE FORM

1a

First Set

Find the subject and verb in the sentences below and mark them like this: Subject Verb. If a sentence contains an object or verb completer, mark them like this:

object

verb completer

Example: Betsy smashed the serves. Her shoulder will feel sore tomorrow.

1. Benjamin Franklin adopted the name "Poor Richard" to write his almanac.
2. Martina Navratilova hits beautiful volleys.
3. Agent Orange defoliated millions of acres in Vietnam.
4. There are 50 chickens in this pen.
5. Racism and sexism are social diseases.
6. You may feel sick because of your sunburn.
7. Jimmy Brown ran harder than any other football player.
8. Pregnant women should not handle cat litter boxes.
9. An early recording device was the wire recorder.
10. Fertilizing your lawn in the spring means more mowing in the summer.
11. Jason hates hot dogs.
12. Having seen other Allen films, Marie wanted to see *Manhattan*.
13. Many nursery rhymes contain hidden meanings.
14. Roberta slept all night.
15. In the process of electing a new chairperson, the commission voted 31 times.

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1a

Second Set

Find the subject and verb in the sentences below and mark them like this: Subject Verb. If a sentence contains an object or verb completer, mark them like this:

object

verb completer

Example: Betsy smashed the serves. Her shoulder will feel sore tomorrow.

1. Many people erroneously think that Mt. Washington is the highest mountain east of the Mississippi.
2. Ticks can live for years without eating or moving.
3. John Banvard painted the world's largest painting, which covered 1.3 acres.
4. In spite of all the nasty things Kate said about Sandra, they still played basketball together as if they knew each other's minds.
5. Kurt Vonnegut's novel *Slaughterhouse Five* tries to make people more aware of the bombing of Dresden in World War II.
6. From 1938 to 1953, the Duchess of Windsor reigned as the world's Best Dressed Woman.
7. A batter who bunts, placing the bat parallel to the ground in hopes of getting the ball to roll slowly down the baseline, can be more effective than a home run king.
8. In 1800, John Jay, Chief Justice of the Supreme Court and President of the New York Manumission Society, still owned five slaves.
9. Very few people are actually attacked by sharks.
10. Without really understanding what she was doing, Matty insulted the host, the hostess, and their religion.
11. Ellie seems depressed.
12. Although the Beatles certainly should get credit for popularizing rock music, to a large extent they were copying black American artists.
13. The National Rifle Association, a powerful lobbying group, fought against such things as the banning of "cop-killer" bullets.
14. Under the agreement they signed before they took the vows, which was notarized by a judge, both Mr. and Mrs. Moneybags will give all their money to charity if they ever divorce.
15. According to my eighth-grade football coach, the best offense is a good defense.

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1b

First Set

Some of the groups of words below are sentence fragments, and others are complete sentences. Mark the complete sentences *C* in the space provided. Mark the fragments by identifying the type of fragment, using these codes:

DWF	descriptive word group fragment	TOF	*to* form of verb fragment
NVF	no-verb fragment	-ING F	*-ing* form of verb fragment
NSF	no-subject fragment	DEP F	dependent word group fragment

Then, correct the fragments.

Example: NSF Liked the new teacher

_______ 1. Because she felt guilty about testifying against him.

_______ 2. You can take the exam today if you want. Or take it tomorrow.

_______ 3. Avoid fragments.

_______ 4. He knew what he wanted to do. To win a seat in the Senate.

_______ 5. He ran home. Crying all the way.

_______ 6. She watched Gerald Ford playing golf. The only person ever to become president without winning a national election.

_______ 7. Matilda the Marvelous Mime. She could make you see a cage where there was nothing but air.

_______ 8. Knowing that my uncle Ferd would tan my hide. I decided not to return to my cousins' house that Saturday.

_______ 9. All afternoon, Branford kept his eyes out for a certain girl. The one he had seen at the dance the night before.

_______ 10. To win the lottery! That would be a lot of fun.

_______ 11. Barney was a typical know-it-all. Knew everything except when to keep quiet.

_______ 12. While ex-President Reagan uses his status to make millions from Japanese companies. Ex-president Carter builds houses for the poor.

_______ 13. He received the company's highest award. For being loyal and creative for 30 years.

_______ 14. It was sad he had to give up milkshakes. His favorite drink.

_______ 15. Although he never could tell right from wrong. He became a judge.

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1b

Second Set

Some of the groups of words below are sentence fragments, and others are complete sentences. Mark the complete sentences *C* in the space provided. Mark the fragments by identifying the type of fragment, using these codes:

DWF	descriptive word group fragment	TOF	*to* form of verb fragment
NVF	no-verb fragment	-ING F	*-ing* form of verb fragment
NSF	no-subject fragment	DEP F	dependent word group fragment

Then, correct the fragments.

Example: NSF Liked the new teacher

______ 1. Having just heard the news about the attempted assassination. I got on the phone to call Monty.

______ 2. Because the earth is round. You see the tops of approaching ships before you see their hulls.

______ 3. My brother and his wife named their baby after an Indian chief, Tecumseh. The one who tried to unite Indians against whites.

______ 4. Because I have the money, I'll go to the concert. Because Robert doesn't, he won't.

______ 5. Bob Dylan, my favorite singer. He turned 50 in 1991, but he's still growling strong.

______ 6. The hit and run driver just drove away from the scene. Struck an old lady and her dog!

______ 7. He knows too much. To be working a job like that.

______ 8. Knowing the president, the pope, Frank Sinatra, and Billy Joel. All that didn't help Richard when he contracted cancer.

______ 9. While the monster was growing slowly, feeding on small birds and rodents that were unfortunate enough to stumble into his lair. People were living within 100 yards, fearing nothing.

______ 10. Whereas Julie LaBelle has given ten years to the town of Podunk. We are proud to give her this award.

______ 11. A fawning, illiterate, rude, boorish oaf. You can tell I don't think much of my brother-in-law.

______ 12. Michael Jackson, the most popular entertainer of the 1980s and one of the world's most eligible bachelors. Some people liked him better when he was just one of the kids in the Jackson 5.

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1d

First Set

Some of the following sentences are run-ons because they are not combined correctly. Others are correct. Make any changes that are necessary to correct the run-on sentences. Write a *C* next to correct sentences.

1. Rhode Island is the smallest state it has a lot of coastline.
2. Those flowers are very pretty, they don't have any smell.
3. Although your uncle is a very smart man and knows his way around a car, he shouldn't try to repair major engine problems on the interstate on a Sunday in the pouring rain without tools.
4. The so-called marriage tax means that married people sometimes pay more than they would if they were just living together that doesn't make sense.
5. Yes, I called Maureen, I called Jack.
6. It seems as though every town has an Elm Street is a popular name.
7. Manny brought the cake, Marty brought the ice cream, and I brought enough soda for an army.
8. The problem with the free market is that it doesn't take into account pollution, pollution can be very costly.
9. Some people love celebrating their birthdays, some people would just as soon forget them.
10. Laws requiring motorcyclists to wear helmets are very controversial they don't make sense to some people.
11. Matt thinks Babe Ruth was a better baseball player than Hank Aaron, Babe could pitch as well as hit.
12. Women still can't vote in most of Switzerland, they call it a democracy.
13. For all I know, Mark is still living in Beavertown, enjoying his life, having forgotten about senior year and that stupid bet he made that caused so much trouble.
14. My mother always said, "Don't run down the stairs," she was right.
15. Peggy won't watch TV late at night, it keeps her awake.

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1d

Second Set

Some of the following sentences are run-ons because they are not combined correctly. Others are correct. Make any changes that are necessary to correct the run-on sentences. Write a *C* next to correct sentences.

1. In 1958, a wave washed 1740 feet high along the shore of Lituya Bay, Alaska, it was caused by a landslide.
2. Johnny Mathis's *Greatest Hits* album stayed on the best seller charts for 490 weeks, that period was from late 1958 to July 1968.
3. Having seen the devastation caused by the hurricane, we should have been prepared for the next one, but in fact, when the next one hit only two years later, it, too, came as a big surprise.
4. Gymnastics is her favorite sport, she really loves the balance beam.
5. Chess is a thinking person's game, one mental mistake can ruin a strategy you've spent hours setting up.
6. Heloise gives household hints I particularly liked her method of getting cat fur off of good clothes.
7. The city of the golden gate is San Francisco is where I want to go on my next vacation.
8. Jack Kerouac wrote at his typewriter with long continuous rolls of paper, he didn't have to waste time sticking in a new sheet.
9. He loved "The Rocky and Bullwinkle Show," Fractured Fairy Tales was his favorite part.
10. Upon hearing of the death of his Aunt Margaret, that feisty New Englander who thought she could do anything and did, Wilber, who had always been very much in awe of her, wondered if she really could have died or if somehow she could beat death too.
11. Our baby likes to eat raw tofu, we think it's odd, but we're not complaining.
12. Mrs. Pingree was the best gym teach I ever had, her assistant Mrs. Maple kept us in line.
13. Dachshunds are built low to the ground, sometimes it seems as though they have no legs at all.
14. Birthday parties can cut both ways, some folks love them but they make other people feel old.
15. She sprinted for the last 50 yards, but despite her effort, and despite the years of training she had put into her running, she couldn't catch her arch-rival, who won the mile in record time.

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THEME AREA 6

UNIT 49

11: NUMBERS

11

First Set

Correct any misuse of figures in the sentences below. If a sentence is correct, mark it with a *C*.

1. 1492 may not be as important a date as people once thought, but it may have been the 1st time a Southern European saw America.
2. I ran 5 miles today, three miles yesterday, and 8 miles Sunday.
3. My grandfather made $1,000,000 before he was 28 years old.
4. Of the eleven people at the party, 7 were old friends, 2 were colleagues, and two were relatives.
5. On December seventh, nineteen forty-one, 100s of Japanese planes attacked Pearl Harbor.
6. I was only making $5 an hour, but that was 2 times my old wage.
7. The Giants beat the Cowboys by 3 field goals, twenty-seven to 18.
8. $10 an hour equals $400 for a forty-hour work week or $20,000 a year.
9. When the Europeans began settling in the new world in the 17th century, there were millions of Indians on the continent and perhaps 60,000,000 bison on the plains.
10. Interstate seventy travels parallel to the old U.S. Route forty.

11

Second Set

Correct any misuse of figures in the sentences below. If a sentence is correct, mark it with a *C*.

1. Of the eleven members of the starting offense, 3 weighed over two-fifty, but they still got shut out, 24 to zero.

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2. 4 times this year I've asked you to keep your 3 dogs out of my yard, and now I'm going to have the cops arrest you for violation of city ordinance number five-thirty-one.
3. I was amazed that the lawyer could charge one-hundred-ninety-five dollars an hour, but then I found that they rented their offices at number 1 Beacon Street for 1 thousand dollars a week.
4. Although people in the U.S.S.R. and Ecuador are reportedly over one hundred forty years old, authorities doubt if anyone really lives to be much older than 110.
5. When Rondo was born, he weighed 8 pounds 4 ounces; on June five, when he was 1, he weighed just over twenty-three pounds.
6. Bob Dylan turned fifty in 1991.
7. If you made $5 an hour, 40 hours a week, for 100 years, you'd be a millionaire—if you never spent a cent.
8. One million dollars is a lot of money, but after taxes you'd be lucky to have seven-hundred and twenty-thousand.
9. Vincent Chang bought a new watch for $15.95, a burger for $1.97, and a milk shake for a buck fifty, but he still didn't know whether it was two-fifteen or three-fifteen because he hadn't set his watch.
10. Two thousand pounds equals a ton, or 32,000 ounces.

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THEME AREA 8

UNIT 68

14: SPELLING

14

First Set

Circle the correctly spelled word in parentheses for each sentence below.

1. She was an old (aquaintance, acquaintance); I couldn't really call her a (friend, freind).
2. I was so (embarassed, embarrassed) when the coach handed me the award, I blushed red as a (beat, beet).
3. Sometimes it takes a whole day for The (Grateful, Greatful) Dead to set up its (equipment, equiptment).
4. In the (beginning, begining), my writing contained a lot of (repetition, repitition).
5. Jane was the only (woman, women) I ever knew who could beat me in arm (wrestling, restling).
6. (Knights, Nights) used to ride horses, while their (aides, aids) often walked.
7. Most young people want (independence, independance) from their parents, but they don't want all the (responsability, responsibility) that comes with it.
8. In the U.S., few banks accept (foreign, forein) (currancy, currency).
9. He stood (stationary, stationery) in the (cemetery, cemetary).
10. There are too many (tomatoes, tomatos) in the soup and not enough (carrotts, carrots).
11. Did he say that was (forty, fourty) years ago or (ninty, ninety)?
12. He is so (knowledgeable, knowledgable) that he gets into a lot of (arguments, arguements).
13. He (already, allready) has a million dollars, so does he need (alot, a lot) more?
14. The lavish (accommodations, accomodations) were (unnecessary, unneccessary).
15. His (grammar, grammer) is good, but he (mispells, misspells) too much.

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14

Second Set

Circle the correctly spelled word in parentheses for each sentence below.

1. There were three (altos, altoes) in the choir and no (banjoes, banjos).
2. Make yourself (comfortable, comfortible); soon the moon will be (visable, visible).
3. First draw a (verticle, vertical) line, then a (horizontle, horizontal) one.
4. It is (inconceiveable, inconceivable) that he could be that (gullible, gullable).
5. One more (mistake, misteak) and you'll get to take a permanent (break, brake) from this job.
6. He's always (been, bin) a good boy, but he shouldn't (of, have) bought that car.
7. When the general took over, he imposed (martial, marshall) law and became a (dictator, dictatour).
8. The (foreigners, forigners) had trouble seeing the (hieghts, heights) because of the smog.
9. What we need is more (heros, heroes) in our nation's (ghettos, ghettoes).
10. Each (citizen, citicen) should (exercize, exercise) his or her right to vote.
11. She was very (surprised, suprised) to see that her niece smoked (cigarettes, cigarrettes).
12. He is going to (procede, proceed) with his (carreer, career) in music.
13. The last (occurrence, occurence) of an eclipse was viewed by (professor, proffessor) Robin Mauch.
14. Are you going to (pursue, persue) that idea (thoroughly, thoroly)?
15. As soon as he got his (license, licence), he crashed his father's sports (coup, coupe).

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WRITING SKILLS HANDBOOK, 3RD ED.

Bazerman and Weiner

WORKSHEET ANSWER KEY

2: VERBS

2b

First Set

These words should be circled:

1. go
2. has
3. bothers
4. knows
5. lead
6. was
7. were
8. knows
9. laugh
10. understands
11. are
12. talk
13. are
14. brings
15. are

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2b

Second Set

These words should be circled:

1. gets
2. were, was
3. is, have
4. employs
5. drives, show
6. suffer
7. is
8. were
9. checks
10. are
11. were, is
12. knows
13. consume
14. has
15. are

2c

First Set

1. I've never run so hard in my life as I did getting away from those hornets.
2. What are you doing in there?
3. We had driven 15 miles before Mark told us about the accident he had backing out of the driveway.
4. C
5. After the shouting incident with Mr. Raymond, Willard walked tall as he headed for the principal's office.
6. I knew all about how that money disappeared, but nobody asked me.

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1: SENTENCE FORM

1a

First Set

1. Benjamin Franklin adopted the name "Poor Richard" to write his almanac.
2. Martina Navratilova hits beautiful volleys.
3. Agent Orange defoliated millions of acres in Vietnam.
4. There are 50 chickens in this pen.
5. Racism and sexism are social diseases.
6. You may feel sick because of your sunburn.
7. Jimmy Brown ran harder than any other football player.
8. Pregnant women should not handle cat litter boxes.
9. An early recording device was the wire recorder.
10. Fertilizing your lawn in the spring means more mowing in the summer.
11. Jason hates hot dogs.
12. Having seen other Allen films, Marie wanted to see *Manhattan*.
13. Many nursery rhymes contain hidden meanings.
14. Roberta slept all night.
15. In the process of electing a new chairperson, the commission voted 31 times.

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1a

Second Set

1. Many people erroneously think that Mt. Washington is the highest mountain east of the Mississippi.
2. Ticks can live for years without eating or moving.
3. John Banvard painted the world's largest painting, which covered 1.3 acres.
4. In spite of all the nasty things Kate said about Sandra, they still played basketball together as if they knew each other's minds.
5. Kurt Vonnegut's novel Slaughterhouse Five tries to make people more aware of the bombing of Dresden in World War II.
6. From 1938 to 1953, the Duchess of Windsor reigned as the world's Best Dressed Woman.
7. A batter who bunts, placing the bat parallel to the ground in hopes of getting the ball to roll slowly down the baseline, can be more effective than a home run king.
8. In 1800, John Jay, Chief Justice of the Supreme Court and President of the New York Manumission Society, still owned five slaves.
9. Very few people are actually attacked by sharks.
10. Without really understanding what she was doing, Matty insulted the host, the hostess, and their religion.
11. Ellie seems depressed.
12. Although the Beatles certainly should get credit for popularizing rock music, to a large extent they were copying black American artists.
13. The National Rifle Association, a powerful lobbying group, fought against such things as the banning of "cop-killer" bullets.
14. Under the agreement they signed before they took the vows, which was notarized by a judge, both Mr. and Mrs. Moneybags will give all their money to charity if they ever divorce.
15. According to my eighth-grade football coach, the best offense is a good defense.

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1b

First Set

1. DEP F
   She felt guilty about testifying against him.
2. NSF
   You can take the exam today if you want. Or you can take it tomorrow.
3. C
4. TOF
   He knew what he wanted to do. He wanted to win a seat in the Senate.
5. -ING F
   He ran home, crying all the way.
6. DWF
   She watched Gerald Ford playing golf. He is the only person ever to become president without winning a national election.
7. NVF
   Matilda the Marvelous Mime could make you see a cage where there was nothing but air.
8. -ING F
   Knowing that my uncle Ferd would tan my hide, I decided not to return to my cousins' house that Saturday.
9. DWF
   All afternoon, Branford kept his eyes out for the girl he had seen at the dance the night before.
10. TOF
    To win the lottery would be a lot of fun.
11. NSF
    Barney was a typical know-it-all. He knew everything except when to keep quiet.
12. DEP F
    While ex-President Reagan uses his status to make millions from Japanese companies, ex-president Carter builds houses for the poor.
13. DWF
    He received the company's highest award for being loyal and creative for 30 years.
14. NVF
    It was sad he had to give up milkshakes, his favorite drink.
15. DEP F
    Although he never could tell right from wrong, he became a judge.

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1b

Second Set

1. -ING F
Having just heard the news about the attempted assassination, I got on the phone to call Monty.

2. DEP F
Because the earth is round, you see the tops of approaching ships before you see their hulls.

3. DWF
My brother and his wife named their baby after an Indian chief, Tecumseh, who tried to unite Indians against whites.

4. C

5. NVF
Bob Dylan, my favorite singer, turned 50 in 1991, but he's still growling strong.

6. NSF
The hit and run driver just drove away from the scene after striking an old lady and her dog.

7. TOF
He knows too much to be working a job like that.

8. -ING F
Knowing the president, the pope, Frank Sinatra, and Billy Joel didn't help Richard when he contracted cancer.

9. DEP F
While the monster was growing slowly, feeding on small birds and rodents that were unfortunate enough to stumble into his lair, people were living within 100 yards, fearing nothing.

10. DEP F
Whereas Julie LaBelle has given ten years to the town of Podunk, we are proud to give her this award.

11. DWF
I consider my brother-in-law a fawning, illiterate, rude, boorish oaf. You can tell I don't think much of him.

12. NVF
Michael Jackson was the most popular entertainer of the 1980s, and he is one of the world's most eligible bachelors. But some people liked him better when he was just one of the kids in the Jackson 5.

13. NSF
He was shot down like a dog! That's no way for a good cop's life to end.

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14. TOF
The topic for today's seminar is to determine who benefited from the war in the gulf.

15. -ING F
Having seen all he wanted to see of his daughter's new boyfriend, Wilfred took two aspirin and said, "I just hope you're alive in the morning."

1c(1)

First Set

1. Thomas Jefferson was our third president; he served from 1801 to 1809.
2. I'm going to have to water the lawn today; it hasn't rained in a month.
3. The President is going to veto the bill; at least he said he would.
4. Gypsy moth caterpillars eat oak leaves; later, they turn into white and brown moths.
5. Scientists haven't yet found a way to dispose of nuclear waste; politicians haven't found a way to do without nuclear materials.

1c(1)

Second Set

1. This is the fourth time you've been late this week; therefore, I'm going to give you a demerit.
2. Ho Chi Minh was a communist; in spite of that, many people think he was the greatest leader Vietnam ever had.
3. Psychotherapy can be very expensive; in fact, some psychiatrists charge over $100 an hour.
4. Researchers have synthesized human growth hormone; as a result, abnormally short children can now look forward to average height.
5. You've done your work well; therefore, I'll let you off this time.

1c(2)

First Set

1. Some people say the Vietnam War was the only one the U.S. has lost, but the War of 1812 was not an overwhelming victory.

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2. I don't remember his name, yet his face sticks in my mind.
3. More people should learn how to use computers, for they will play an ever larger part in our future.
4. He hasn't turned in a single paper this semester, nor has he turned in a piece of homework.
5. We could see if the park is going to be open tomorrow, or we could play ball at the Y.

1c(2)

Second Set

1. Before you come to school tomorrow, you should do your calculus and prepare for your biology exam.
2. John Kennedy was President for less than three years, yet he was one of our most admired presidents.
3. Ted Williams broke his elbow catching a fly ball, but he played the rest of the game.
4. Georgia O'Keeffe did many paintings of the Southwest, for she loved the shapes and colors of New Mexico.
5. If they don't get some funding soon, they won't be able to put on the next show, nor will they be able to give their annual Christmas party.

1c(3)

First Set

1. Jimmy Connors was forced to retire from the match because his back was giving him a lot of trouble.
2. If you're going to play your trumpet so loudly, I wish you would play in the alley.
3. Neither Columbus nor Leif Ericson can be said to have discovered America, unless you consider Native Americans not to be human.
4. Although I had the highest average in the class, I still didn't get an A.
5. The medical profession began to get interested in herbal cures after they began to understand the medicinal properties of many herbs.

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1c(3)

Second Set

1. They had to call off the school outing early because the woods were buzzing with vicious insects.
2. After Chris Evert beat her opponent in straight sets, she spent two hours being gracious and articulate on television.
3. The principal sent for the group of boys that had slashed Father Darcon's tires.
4. You're sure to win the Good Sportsmanship award if they'll give it to someone who isn't a man.
5. The detective was sneaking quietly down the dark alley when something fell out of a nearby window.

1d

First Set

1. Although Rhode Island is the smallest state, it has a lot of coastline.
2. Those flowers are very pretty, but they don't have any smell.
3. C
4. The so-called marriage tax means that married people sometimes pay more than they would if they were just living together. That doesn't make sense.
5. Yes, I called Maureen, and I called Jack.
6. Elm Street is a popular name. It seems as though every town has one.
7. C
8. The problem with the free market is that it doesn't take into account pollution, and pollution can be very costly.
9. Some people love celebrating their birthdays; some people would just as soon forget them.
10. Laws requiring motorcyclists to wear helmets are very controversial; they don't make sense to some people.
11. Matt thinks Babe Ruth was a better baseball player than Hank Aaron, because Babe could pitch as well as hit.
12. Women still can't vote in most of Switzerland, yet they call it a democracy.
13. C
14. My mother always said, "Don't run down the stairs." She was right.
15. Peggy won't watch TV late at night because it keeps her awake.

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1d

Second Set

1. In 1958, a wave caused by a landslide washed 1740 feet high along the shore of Lituya Bay, Alaska.
2. Johnny Mathis's *Greatest Hits* album stayed on the best seller charts for 490 weeks, from late 1958 to July 1968.
3. C
4. Gymnastics is her favorite sport; she really loves the balance beam.
5. Chess is a thinking person's game; one mental mistake can ruin a strategy you've spent hours setting up.
6. Heloise gives household hints. I particularly liked her method of getting cat fur off of good clothes.
7. On my next vacation, I want to go to San Francisco, the city of the golden gate.
8. Jack Kerouac wrote at his typewriter with long continuous rolls of paper, so he didn't have to waste time sticking in a new sheet.
9. He loved "The Rocky and Bullwinkle Show," and Fractured Fairy Tales was his favorite part.
10. C
11. We think it's odd that our baby likes to eat raw tofu, but we're not complaining.
12. Mrs. Pingree was the best gym teach I ever had. Her assistant Mrs. Maple kept us in line.
13. Dachshunds are built so low to the ground that sometimes it seems as though they have no legs at all.
14. Birthday parties can cut both ways: some folks love them but they make other people feel old.
15. C

1e

First Set

1. My sister loves to play softball. It is her favorite game.
2. He always wanted to meet Richard Nixon, who is the only president to have resigned his office.
3. Doing her taxes ahead of time led Laura to make several mistakes.

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4. C
5. I wrote my senator to complain about the way the agency handled my application for a government job.
6. I like oranges, lemons, and tomatoes. They are full of vitamin C.
7. Subways aren't as dangerous as people think, but they are dirty.
8. C
9. The mistake of running a red light cost Minnie her license.
10. He is the younger brother of the politician who ran the arms subcommittee.

1e

Second Set

1. We have tried really hard to follow the rules our parents taught us, so the rules live on.
2. Learning that there isn't a Santa Claus made Marie very unhappy.
3. To win game shows you need different kinds of knowledge and skill.
4. Greenwich Village in New York City has been home to many artists and musicians.
5. Because he was deaf by the time he wrote his ninth symphony, Beethoven must have had internal ears.
6. Dorothy Parker, known for her witty, cutting remarks, was also quite a famous writer.
7. Opening the box that contained all the world's evils was a big mistake.
8. The *Monitor* and the *Merrimack*, the first two ironclad ships, battled to pretty much of a draw.
9. C
10. Sighting Jupiter, the biggest planet, gave Mark a thrill.

1f(1)

First Set

1. When your car is greased, tuned, and full of oil, it's ready for your trip.
2. The cop stopped me for speeding as I was driving home from work.
3. The archaeologists found almost an entire dinosaur skeleton.

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14. Abe Lincoln started his address at Gettysburg, "Four score and seven years ago."
15. At noon I'm going to the Ioka Theatre to watch the movie *High Noon* with Gary Cooper.

10

Second Set

1. On June 1, 1990, the members of American Legion Post 789 held a "Bingo Til You Drop Night" to support the American Cancer Society.
2. Mark said, "You'd better not take God's name in vain again or I'll make sure He strikes you down."
3. He wrote the book *Lies and Falsehoods*, but I was never sure whether his name was Kenneth R. Paine, the way he introduced himself to me, or R. Kenroth Pain, as the book jacket put it.
4. According to *The New York Times*, Vice-President Quayle visited Portsmouth, New Hampshire yesterday.
5. During Fall semester, 1990, I took a chemistry course, a physics course, an English course, and Drawing 101.
6. I used to live on Mulberry Street, but now I live on a nameless back road in Albemarle County, Virginia.
7. I hear that the Sears Tower is big, but when I go to Chicago I most want to see the Chicago Institute of Arts and the Loop.
8. After crossing out many openings for his letter, Frank skipped the salutation and just began, "On February 6, 1991, I bought one of your Mobile Marauder models."
9. They couldn't choose between the names Kyle, Cliff, or Caeser, so when the baby was born at Portsmouth Regional Hospital, he didn't have a name.
10. Virginia Cusack, Executive Vice-President for Operations, was known in the factory as the Pearly Queen.
11. Mahatma Gandhi, a believer in civil disobedience, helped to sever India's ties with Great Britain.
12. Whether you head east to East Orange, south to South Carolina, or north to North Dakota, you're bound to find a McDonald's.
13. The Joneses' dog Fillmore flunked K-9 Obedience School.
14. "Dear Sir or Madam," the letter started, "I can guarantee that our Swedish Home Massage plan will bring you relief."
15. In April, when the robins arrived, Marilou planted some gladiolas and some New Hampshire Midget watermelons.

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11: NUMBERS

11

First Set

1. Fourteen ninety-two may not be as important a date as people once thought, but it may have been the first time a Southern European saw America.
2. I ran five miles today, three miles yesterday, and eight miles Sunday.
3. My grandfather made one million dollars before he was twenty-eight years old.
4. Of the eleven people at the party, seven were old friends, two were colleagues, and two were relatives.
5. On December seventh, 1941, hundreds of Japanese planes attacked Pearl Harbor.
6. I was only making five dollars an hour, but that was two times my old wage.
7. The Giants beat the Cowboys by three field goals, twenty-seven to eighteen.
8. Ten dollars an hour equals four hundred dollars for a forty-hour work week or twenty thousand dollars a year.
9. When the Europeans began settling in the new world in the seventeenth century, there were millions of Indians on the continent and perhaps sixty million bison on the plains.
10. Interstate 70 travels parallel to the old U.S. Route 40.

11

Second Set

1. Of the eleven members of the starting offense, three weighed over 250, but they still got shut out, twenty-four to zero.
2. Four times this year I've asked you to keep your three dogs out of my yard, and now I'm going to have the cops arrest you for violation of city ordinance number 531.

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3. Most Americans know the Latin word for tree, *arbor*, which we still use in names of plants like *arbor vitae*.
4. Some languages don't have an *r* sound, and some make no differentiation between a *t* and a *d*.
5. C
6. After Dwight laughed at Roger's clothes, he said sarcastically, "That's *such* a nice tie, Roger. I like it *so* much."
7. In the San Francisco Bay area, some people prefer the *San Jose Mercury* to the *San Francisco Chronicle*.
8. Whereas some Spanish words like "taco" have become everyday parts of the English language, others like *gringo* and *arroyo* are used a lot but still retain their Spanish flavor.
9. His name is Green*field*, not Green*view*.
10. One of his goals in life was to make it into the *Guinness Book of World Records*.

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14: SPELLING

14

First Set

These words should be circled:

1. acquaintance, friend
2. embarrassed, beet
3. Grateful, equipment
4. beginning, repetition
5. woman, wrestling
6. Knights, aides
7. independence, responsibility
8. foreign, currency
9. stationary, cemetery
10. tomatoes, carrots
11. forty, ninety
12. knowledgeable, arguments
13. already, a lot
14. accommodations, unnecessary
15. grammar, misspells

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14

Second Set

These words should be circled:

1. altos, banjoes
2. comfortable, visible
3. vertical, horizontal
4. inconceivable, gullible
5. mistake, break
6. been, have
7. martial, dictator
8. foreigners, heights
9. heroes, ghettos
10. citizen, exercise
11. surprised, cigarettes
12. proceed, career
13. occurrence, professor
14. pursue, thoroughly
15. license, coupe

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WORKSHEETS

INTRODUCTION TO BASIC MATH

THEME AREA 6, UNIT 45

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 1 Operations on Whole Numbers
SECTION: 2 Adding Whole Numbers
DATE:07-19-1995 TIME:18:31:20

PROBLEM 1

Add $$\begin{array}{r} 5 \\ +\ 4 \\ \hline \end{array}$$

A) 8 B) 1 C) 9 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Add $$\begin{array}{r} 5 \\ +\ 0 \\ \hline \end{array}$$

A) 5 B) 6 C) 0 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Add $$\begin{array}{r} 12 \\ +\ 6 \\ \hline \end{array}$$

A) 6 B) 18 C) 14 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Add $$\begin{array}{r} 7 \\ +\ 41 \\ \hline \end{array}$$

A) 14 B) 36 C) 48 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Add $$\begin{array}{r} 23 \\ +\ 56 \\ \hline \end{array}$$

A) 73 B) 79 C) 76 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Add
$$\begin{array}{r} 305 \\ +\ 621 \\ \hline \end{array}$$

A) 906 B) 926 C) 652 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Add
$$\begin{array}{r} 4031 \\ +\ 8614 \\ \hline \end{array}$$

A) 8,645 B) 12,645 C) 4,645 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Add
$$\begin{array}{r} 83{,}107 \\ +\ 92\ 682 \\ \hline \end{array}$$

A) 175,789 B) 15,789 C) 75,789 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Add
$$\begin{array}{r} 503{,}217 \\ +\ 562\ 741 \\ \hline \end{array}$$

A) 106,432 B) 965,958 C) 1,065,958 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

Add 23 + 56

A) 79 B) 83 C) 27 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Add $$\begin{array}{r} 64 \\ +\ 8 \\ \hline \end{array}$$

A) 72 B) 68 C) 74 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Add $$\begin{array}{r} 69 \\ 27 \\ +\ 58 \\ \hline \end{array}$$

A) 144 B) 164 C) 154 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Add $$\begin{array}{r} 898 \\ +\ 457 \\ \hline \end{array}$$

A) 9,842 B) 1,355 C) 1,265 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Add $$\begin{array}{r} 358 \\ 271 \\ +\ 595 \\ \hline \end{array}$$

A) 968 B) 1,224 C) 1,406 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

Add $$\begin{array}{r} 63{,}428 \\ +\ 72\ 186 \\ \hline \end{array}$$

A) 145,218 B) 136, 514 C) 135,614 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20

Add 21,783,140
+ 2 610 456

A) 25,638,426 B) 24,393,596 C) 3,614,086 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 21 Find the total cost if $42 is spent for a coat and $74 for a pair of shoes.

A) $116 B) $122 C) $132 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 22 Find the total attendance for January if week one has 4,280, week two has 5,830, and week three has 7,852.

A) 15,834 B) 19,226 C) 17,962 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 23 Find the total sales if you sell $4,526 in March and $4,863 in April.

A) $9,389 B) $8,763 C) $7,942 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 24 Find the total milage driven if you drive 450 on Monday, 475 on Tuesday, and 385 on Wednesday.

A) 2,314 B) 1,310 C) 986 D) None

YOUR ANSWER:...
CORRECT ANSWER:

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME: .
CHAPTER: 1 Operations on Whole Numbers
SECTION: 3 Subtracting Whole Numbers
DATE:07-19-1995   TIME:18:33:46

PROBLEM 1

Subtract $\begin{array}{r} 9 \\ -\ 5 \\ \hline \end{array}$

A) 5   B) 4   C) 6   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Subtract $\begin{array}{r} 4 \\ -\ 0 \\ \hline \end{array}$

A) 4   B) 0   C) 3   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Subtract $\begin{array}{r} 18 \\ -\ 5 \\ \hline \end{array}$

A) 12   B) 23   C) 13   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Subtract $\begin{array}{r} 45 \\ -\ 3 \\ \hline \end{array}$

A) 48   B) 42   C) 41   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Subtract $\begin{array}{r} 73 \\ -\ 42 \\ \hline \end{array}$

A) 115   B) 23   C) 31   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Subtract $$\begin{array}{r} 4{,}895 \\ -\ 2\ 631 \\ \hline \end{array}$$

A) 1,546 B) 2,264 C) 6,826 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Subtract 16 - 7

A) 9 B) 12 C) 23 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Subtract 92 - 31

A) 63 B) 123 C) 61 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Subtract 8,604 - 5,302.

A) 4,832 B) 3,302 C) 3,906 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

Subtract $$\begin{array}{r} 4\ 3 \\ -\ 2\ 6 \\ \hline \end{array}$$

A) 17 B) 69 C) 27 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 12

PROBLEM 13

Subtract $$\begin{array}{r} 2\ 7 \\ -\ 1\ 8 \\ \hline \end{array}$$

A) 45 B) 19 C) 9 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Subtract $$\begin{array}{r} 8\ 5 \\ -\ 7\ 6 \\ \hline \end{array}$$

A) 161 B) 9 C) 19 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Subtract $$\begin{array}{r} 4\ 9\ 2 \\ -\ 1\ 3\ 6 \\ \hline \end{array}$$

A) 182 B) 386 C) 356 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Subtract $$\begin{array}{r} 8\ 4\ 2 \\ -\ 2\ 3\ 2 \\ \hline \end{array}$$

A) 610 B) 674 C) 590 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 17

Subtract $$\begin{array}{r} 4\ 8\ 5 \\ -\ 4\ 3\ 8 \\ \hline \end{array}$$

A) 53 B) 47 C) 147 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

PROBLEM 19

Subtract $$\begin{array}{r} 6\ 0\ 0\ 4 \\ -\ 2\ 3\ 4\ 5 \\ \hline \end{array}$$.

A) 4,536 B) 3,659 C) 4,659 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20 If you have paid $2,360 on your car which originally cost $6,850, how much is left to pay?

A) $4,490 B) $5,632 C) $2,385 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 21 If you set aside $250 for food, but only spent $198, how much extra do you have?

A) $82 B) $52 C) $12 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 22 If your odometer read 43,281 when you left home, but reads 44,682 at the end of your trip, how far did you travel?

A) 401 B) 1,401 C) 301 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 23 An item in a store is marked down from $83 to $62. How much less does it cost?

A) $18 B) $42 C) $21 D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS = 0
PERCENTAGE CORRECT ...= 0 %

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 1 Operations on Whole Numbers
SECTION: 4 Multiplying Whole Numbers
DATE:07-19-1995 TIME:18:35:57

PROBLEM 1

Multiply $\begin{array}{r} 5 \\ \times\ 4 \\ \hline \end{array}$

A) 15   B) 20   C) 25   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Multiply $\begin{array}{r} 6 \\ \times\ 6 \\ \hline \end{array}$

A) 36   B) 12   C) 24   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Multiply $\begin{array}{r} 9 \\ \times\ 0 \\ \hline \end{array}$

A) 18   B) 9   C) 0   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Multiply $\begin{array}{r} 8 \\ \times\ 5 \\ \hline \end{array}$

A) 40   B) 42   C) 45   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Multiply $\begin{array}{r} 53 \\ \times\ 4 \\ \hline \end{array}$

A) 196   B) 212   C) 206   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Multiply $\begin{array}{r} 88 \\ \times \quad 3 \\ \hline \end{array}$

A) 264   B) 380   C) 2,424   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Multiply $\begin{array}{r} 824 \\ \times \quad 4 \\ \hline \end{array}$

A) 4,183   B) 3,296   C) 2,984   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Multiply $\begin{array}{r} 700 \\ \times \quad 5 \\ \hline \end{array}$

A) 3,500   B) 42,500   C) 2,100   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Multiply $\begin{array}{r} 742 \\ \times \quad 3 \\ \hline \end{array}$

A) 4,226   B) 3,226   C) 2,226   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

Multiply $\begin{array}{r} 3407 \\ \times \quad 5 \\ \hline \end{array}$

A) 17,035   B) 15,406   C) 19,035   D) None

YOUR ANSWER:...
CORRECT ANSWER:

Multiply 69,856
x 7

A) 498,224 B) 488,992 C) 588,992 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Multiply 87,000
x 4

A) 368,000 B) 358,000 C) 348,000 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Multiply 36
x 24

A) 864 B) 956 C) 728 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Multiply 30
x 40

A) 120 B) 1,200 C) 12 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Multiply 83
x 27

A) 1,988 B) 2,241 C) 3,468 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 17

Multiply 416
x 20

CORRECT ANSWER: C

PROBLEM 18

Multiply

$$\begin{array}{r} 677 \\ \times\ 65 \\ \hline \end{array}$$

A) 44,005 B) 42,685 C) 46,465 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19

Multiply

$$\begin{array}{r} 605 \\ \times\ 237 \\ \hline \end{array}$$

A) 462,810 B) 143,385 C) 28,463 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20 If you earn $450 per week, find the total pay for 40 weeks of work.

A) $20,000 B) $15,000 C) $18,000 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 21 If your car gets 42 miles per gallon and your tank holds 16 gallons, how far can you drive on a tank of gas?

A) 672 mi. B) 726 mi. C) 598 mi. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 22 If you can work 27 problems in one hour, how many problems can you work in 8 hours?

A) 236 B) 216 C) 198 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 23 If you receive a check of $265 per week, how much would you receive in 52 weeks?

A) $12,680 B) $13,780 C) $14,280 D) None

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 1 Operations on Whole Numbers
SECTION: 5 Dividing Whole Numbers
DATE:07-19-1995   TIME:18:39:04

PROBLEM 1

Divide

$$4\overline{)28}$$

A) 7   B) 6   C) 8   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Divide

$$7\overline{)49}$$

A) 9   B) 8   C) 7   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Divide

$$5\overline{)75}$$

A) 20   B) 15   C) 25   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Divide

$$3\overline{)690}$$

A) 203   B) 230   C) 23   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Divide

$$6\overline{)1824}$$

A) 340   B) 34   C) 304   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6

Divide

$$8\overline{)6432}$$

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 7

Divide

$6\overline{)6324}$

A) 1,054 B) 154 C) 1,540 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Divide

$7\overline{)3920}$

A) 560 B) 5,600 C) 56 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Divide

$5\overline{)17350}$

A) 347 B) 3,047 C) 3,470 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Divide

$4\overline{)26}$

A) 5r4 B) 6r2 C) 7r1 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

Divide

$7\overline{)73}$

A) 10r3 B) 9r6 C) 11r1 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 12

Divide

$5\overline{)842}$

A) 158r2 B) 181r4 C) 168r2 D) None

YOUR ANSWER:...
CORRECT ANSWER:

---

7 | 814

A) 114r2 B) 116r2 C) 112r2 D) None

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 14

Divide

41 | 85

A) 42r1 B) 2r3 C) 28r2 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Divide

24 | 647

A) 26r23 B) 28r2 C) 25r3 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Divide

31 | 856

A) 42r4 B) 26r3 C) 27r19 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 17

Divide

22 | 861

A) 28r19 B) 39r3 C) 41r3 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

Divide

91 | 6845

A) 70r25 B) 75r20 C) 65r30 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19

Divide

68 | 8569

A) 126r1 B) 226r25 C) 386r52 D) None

THEME AREA 6, UNIT 45

Answer Key

Adding Whole #s	Subtracting Whole #s	Multiplying Whole #s	Dividing Whole #s
1. c	1. b	1. b	1. a
2. a	2. a	2. a	2. c
3. b	3. c	3. c	3. b
4. c	4. b	4. a	4. b
5. b	5. c	5. b	5. b
6. --	6. --	6. --	6. a
7. b	7. b	7. a	7. a
8. b	8. a	8. b	8. a
9. a	9. c	9. a	9. c
10. c	10. b	10. c	10. b
11. a	11. a	11. a	11. a
12. --	12. --	12. --	12. c
13. a	13. c	13. c	13. --
14. c	14. b	14. a	14. b
15. b	15. c	15. b	15. a
16. b	16. a	16. b	16. c
17. --	17. b	17. c	17. b
18. c	18. --	18. a	18. b
19. --	19. b	19. b	
20. b	20. a	20. c	
21. a	21. b	21. a	
22. c	22. b	22. b	
23. a	23. c		
24. b			

THEME AREA 6, UNIT 46

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 5 Using Percents
SECTION: 4 Solving Percent Problems
DATE:07-19-1995 TIME:09:26:40

PROBLEM 1

What number is 35% of 200? Find the Amount.

A) 90 B) 70 C) 85 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

What number is 40% of 50? Find the Amount.

A) 35 B) 40 C) 20 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

80% of 150 is what number? Find the Amount.

A) 120 B) 110 C) 100 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

90% of 82 is what number? Find the Amount.

A) 80 B) 73.8 C) 75 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

What number is 75% of 180. Find the Amount.

A) 135 B) 140 C) 145 D) None

YOUR ANSWER:...
CORRECT ANSWER:

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 5 Using Percents
SECTION: 5 Applications of Percent
DATE:07-19-1995   TIME:09:30:51

PROBLEM 1

How much interest will you earn on $5,000 invested at 11%?

A) $650   B) $550   C) $600   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

If you deduct 15% of your $400 salary for savings, how much will you set aside?

A) $60   B) $45   C) $50   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

How much commission will you get if your rate is 6% and you sell an $80,000 home?

A) $2,800   B) $3,600   C) $4,800   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

If 20% of a 10 lb. mixture of nuts is walnuts, how many pounds are walnuts?

A) 2 lbs.   B) 3 lbs.   C) 4 lbs.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

If the state sales tax rate is 6%, and the sales tax on an item is $8.40, what was the price?

A) $125   B) $135   C) $140   D) None

YOUR ANSWER:...
CORRECT ANSWER:

If you pay $300 yearly interest on a 6% loan, how much money was borrowed?

A) $5,000   B) $6,000   C) $8,000   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

If you are paid 5% commission of your sales, how much must you sell to earn $2,000.

A) $20,000   B) $40,000   C) $30,000   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

240 is 12% of what number?

A) 2,500   B) 3,000   C) 2,000   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

If 27 out of 30 people finish a math course, what is the completion rate?

A) 85%   B) 90%   C) 95%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

If you were charged $18.00 interest on a $1200 credit card balance, what was the monthly interest rate?

A) 1.5%   B) 12%   C) 15%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

If you earn $135 interest on a $1500 investment, what is the rate?

A) 7%   B) 11%   C) 9%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

12. If you have 88 dimes in an 800 coin collection, what percent of coins are dimes?

A) 12%　　B) 11%　　C) 8%　　D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS = 0
PERCENTAGE CORRECT ...= 0 %

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 5 Using Percents
SECTION: 1 Changing a Percent to a Fraction or Decimal
DATE:07-21-1995 TIME:14:59:35

PROBLEM 1

Change 12% to Fraction Form.

A) $\frac{6}{25}$ B) $\frac{3}{25}$ C) $\frac{9}{26}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Change 75% to Fraction Form.

A) $\frac{3}{4}$ B) $\frac{23}{58}$ C) $\frac{25}{100}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Change 52% to Fraction Form.

A) $\frac{15}{26}$ B) $\frac{12}{25}$ C) $\frac{13}{25}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Change 35% to Fraction Form.

A) $\frac{7}{20}$ B) $\frac{14}{50}$ C) $\frac{5}{14}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Change 62% to Fraction Form.

A) 22   B) 15   C) 31   D) None

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 6

Change 48% to Fraction Form.

A) $\frac{12}{25}$ B) $\frac{23}{47}$ C) $\frac{14}{25}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Change 135% to a mixed number.

A) $1\frac{3}{17}$ B) $1\frac{7}{20}$ C) $1\frac{3}{20}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Change 140% to a mixed number.

A) $1\frac{4}{9}$ B) $1\frac{2}{5}$ C) $1\frac{3}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Change $\left[233\frac{1}{3}\%\right]$ to a mixed number.

A) $5\frac{2}{3}$ B) $2\frac{1}{3}$ C) $7\frac{2}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Change $\left[166\frac{2}{3}\%\right]$ to a mixed number.

A) $1\frac{1}{3}$ B) $2\frac{3}{5}$ C) $1\frac{2}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

A) .12 B) 1.2 C) 120. D) None

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 12

Change 35% to Decimal Form.

A) 3.5 B) 350. C) .35 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Change 59% to Decimal Form.

A) 5900 B) 5.9 C) .59 D) None

YOUR ANSWER:...
CORRECT ANSWER

PROBLEM 14

Change 5% to Decimal Form.

A) .05 B) .5 C) 50 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Change 125% to Decimal Form.

A) 1.25 B) 12.5 C) 1250 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Change 247% to Decimal Form.

A) .247 B) 2.47 C) 24.7 D) None

```
YOUR ANSWER:... None
CORRECT ANSWER: B
--------------------------------------------------------------------

PROBLEM 17
                      Change 19.6% to Decimal Form.


      A)  1.96          B)  .196         C)  196          D)  None


YOUR ANSWER:...
CORRECT ANSWER:
--------------------------------------------------------------------

PROBLEM 18
                      Change 5.3% to Decimal Form.


      A)  .53           B)  5.30         C)  .053         D)  None


YOUR ANSWER:...
CORRECT ANSWER:
--------------------------------------------------------------------

PROBLEM 19
                      Change .46% to Decimal Form.


      A)  .0046         B)  .460         C)  .046         D)  None


YOUR ANSWER:...
CORRECT ANSWER:
--------------------------------------------------------------------

PROBLEM 20                    1
                      Change  4 - %  to Decimal Form.
                              2

      A)  .045          B)  .450         C)  .0045        D)  None


YOUR ANSWER:...
CORRECT ANSWER:
--------------------------------------------------------------------


TOTAL CORRECT ANSWERS =  0
PERCENTAGE CORRECT ...=  0 %
```

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME: Susan
CHAPTER: 5 Using Percents
SECTION: 2 Changing a Decimal or a Fraction to a Percent
DATE:07-21-1995   TIME:15:02:07

PROBLEM 1

Change .07 to Percent Form.

A) 70%   B) 7%   C) .7%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Change .04 to Percent Form.

A) 40%   B) .4%   C) 4%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Change .78 to Percent Form.

A) 7.8%   B) .78%   C) 78%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Change .55 to Percent Form.

A) 55%   B) 5.5%   C) .055%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Change .40 to Percent Form.

A) 40%   B) .004%   C) .4%   D) None

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 6

Change .70 to Percent Form.

A) .7% B) 70% C) 700% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Change 1.50 to Percent Form.

A) 15% B) .15% C) 150% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Change 3.85 to Percent Form.

A) 385% B) 3.85% C) 38.5% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Change .085 to Percent Form.

A) .085% B) 8.5% C) 85% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Change .008 to Percent Form.

A) .08% B) 8% C) .8% D) None

YOUR ANSWER:...
CORRECT ANSWER:

A) 75% B) 34% C) 43% D) None

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 12

Change $\frac{3}{5}$ to Percent Form.

A) 6% B) .06% C) 60% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Change $\frac{5}{8}$ to Percent Form.

A) 62.5% B) .625% C) 6.25% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Change $\frac{4}{5}$ to Percent Form.

A) 8% B) 80% C) .08% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Change $1\frac{1}{5}$ to Percent Form.

A) 120% B) 12% C) 1.2% D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Change $2\frac{1}{4}$ to Percent Form.

A) 22.5% B) 2.25% C) 225% D) None

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 17

Change $\frac{1}{3}$ to Percent Form.

A) $33\frac{1}{3}$%   B) 35%   C) 34%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

Change $\frac{1}{6}$ to Percent Form.

A) 15%   B) 18%   C) $16\frac{2}{3}$%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19

Change $\frac{3}{16}$ to Percent Form.

A) $18\frac{1}{3}$%   B) 18.75%   C) $14\frac{1}{3}$%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20

Change $\frac{5}{9}$ to Percent Form and round answer to the nearest tenth.

A) 54.7%   B) 55.6%   C) 53.5%   D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS = 0
PERCENTAGE CORRECT ...= 0 %

THEME AREA 6, UNIT 46

Answer Key

Solving Percent Problems	Applications of Percent	Changing a Percent to a Fraction or Decimal	Changing a Decimal to a Fraction or Percent
1. b	1. b	1. b	1. b
2. c	2. a	2. a	2. c
3. a	3. c	3. c	3. c
4. b	4. a	4. a	4. a
5. a	5. b	5. c	5. a
	6. a	6. a	6. b
	7. b	7. b	7. c
	8. c	8. b	8. a
	9. b	9. b	9. b
	10. a	10. c	10. c
	11. c	11. --	11. --
	12. b	12. c	12. c
		13. c	13. a
		14. a	14. b
		15. a	15. a
		16. b	16. c
		17. b	17. a
		18. c	18. c
		19. a	19. b
		20. a	20. b

THEME AREA 6, UNIT 47

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME: Susan
CHAPTER: 6 U.S. and Metric Measurements
SECTION: 7 Conversion Between U.S. and Metric
DATE:07-19-1995   TIME:09:39:29

PROBLEM 1

Convert 258 km to _____ mi.

A) 160.2 mi.   B) 140.2 mi.   C) 120.8 mi.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Convert 30 mi. to _____ km.

A) 38 km   B) 54 km   C) 48.3 km   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Convert 100 yd. to _____ m.

A) 91 m   B) 109 m   C) 112 m   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Convert 100 m to _____ yd.

A) 119 yd.   B) 109.9 yd.   C) 93 yd.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Convert 26 m. to _____ ft.

A) 85.2 ft.   B) 27 ft.   C) 49.6 ft.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6

Convert 6 ft. to _____ m.

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 7

Convert 12 in. to _____ cm.

A) 30.5 cm B) 25.7 cm C) 24.3 cm D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Convert 200 cm to _____ in.

A) 68.4 in. B) 93 in. C) 78.7 in. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Convert 200 lb. to _____ kg.

A) 90.9 kg B) 109 kg C) 99 kg D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Convert 11 kg to _____ lb.

A) 26 lb. B) 24.2 lb. C) 22 lb. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

Convert 5 lb. to _____ kg.

A) 3 kg B) 4 kg C) 2.3 kg D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 12

Convert 16 oz. to _____ g.

A) 257.6 g B) 453.6 g C) 382.4 g D) None

YOUR ANSWER:...
CORRECT ANSWER:

Convert 80 g to _____ oz.

A) 3.2 oz.   B) 6 oz.   C) 2.8 oz.   D) None

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 14

Convert 1/2 lb. to _____ g.

A) 337 g   B) 227 g   C) 896 g   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Convert 2000 g to _____ lb.

A) 4.4 lb.   B) 20.2 lb.   C) 14.6 lb.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Convert 4 qt. to _____ L.

A) 4.23 L   B) 3.8 L   C) 2.9 L   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 17

Convert 10 gal. to _____ L.

A) 37.7 L   B) 22 L lb.   C) 18.4 L   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

Convert 24 cups to _____ L.

A) 3.7 L   B) 4.2 L   C) 5.7 L   D) None

YOUR ANSWER:...
CORRECT ANSWER:

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 6 U.S. and Metric Measurements
SECTION: 6 Metric Measurements of Capacity
DATE:07-21-1995   TIME:15:08:46

PROBLEM 1

Convert 3600 ml to _____ L.

A) 3.6 L   B) 36 L   C) 360 L   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Convert .0389 L to _____ ml.

A) .389 ml   B) 389 ml   C) 38.9 ml   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Convert .45 ml to _____ cm^3.

A) 450 cm^3 B) .45 cm^3 C) 45 cm^3 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Convert 4,061 cm^3 to _____ L.

A) 406.1 L   B) 40.61 L mg   C) 4.061 L   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Convert 2368 cl to _____ dal.

A) 236.8 dal   B) 2.368 dal   C) 23.68 dal   D) None

```
-------------------------------------------------------------------

PROBLEM 6
                      Convert 4,368 dl to _____ kl.


      A)  4.368 kl       B)  43.68 kl      C)  .4368 kl       D)  None

YOUR ANSWER:...
CORRECT ANSWER:
-------------------------------------------------------------------

PROBLEM 7
                                                 3
                      Convert 3.85 L to _____ cm .

                 3                  3                  3
      A)  3850 cm        B)  385 cm       C)  38.5 cm       D)  None

YOUR ANSWER:...
CORRECT ANSWER:
-------------------------------------------------------------------

PROBLEM 8
                      Convert 5.34 kl to _____ L.


      A)  53.4 L         B)  5340 L       C)  534 L         D)  None

YOUR ANSWER:...
CORRECT ANSWER:
-------------------------------------------------------------------

PROBLEM 9
                      Convert  4 L 36 ml  to _____ L.


      A)  4.036 L        B)  4.36 L       C)  4.0036 L      D)  None

YOUR ANSWER:...
CORRECT ANSWER:
-------------------------------------------------------------------

PROBLEM 10
                      Convert  5 kl 57 L  to _____ kl.


      A)  5.0057 kl      B)  5.057 kl     C)  5.57 kl       D)  None

YOUR ANSWER:...
CORRECT ANSWER:
-------------------------------------------------------------------


TOTAL CORRECT ANSWERS =  0
PERCENTAGE CORRECT ...=  0 %
```

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 6 U.S. and Metric Measurements
SECTION: 8 Review
DATE:07-31-1995 TIME:17:21:30

PROBLEM 1

Convert 96 in. to _____ ft.

A) 7 1/2 ft. B) 8 ft. C) 8 1/2 ft. D) None

YOUR ANSWER:...

PROBLEM 2

Convert 8 1/3 yd. to ______ ft.

A) 24 ft. B) 23 ft. C) 25 ft. D) None

YOUR ANSWER:...

PROBLEM 3

Convert 7 1/2 lbs. to ______ oz.

A) 120 oz. B) 37 oz. C) 96 oz. D) None

YOUR ANSWER:...

PROBLEM 4

Convert 2.7 tons to ______ lb.

A) 5600 lb. B) 4600 lb. C) 5400 lb. D) None

YOUR ANSWER:...

PROBLEM 5

Convert 5 2/3 cups to ______ oz.

A) 45 1/3 oz. B) 27 2/3 oz. C) 39 1/3 oz. D) None

YOUR ANSWER:...

A) 9 1/4 pt. ~~B) 12 pt.~~ C) 13 1/2 pt. D) None

YOUR ANSWER:... None

PROBLEM 7

Convert 45.2 mm to ______ cm.

A) 452 cm B) 4.52 cm C) .452 cm D) None

YOUR ANSWER:...

PROBLEM 8

Convert 2.8 km to ______ m.

A) 2800 m B) 280 m C) 28 m D) None

YOUR ANSWER:...

PROBLEM 9

Convert .00842 kg to ______ cg.

A) 842 cg B) .842 cg C) 8.42 cg D) None

YOUR ANSWER:...

PROBLEM 10

Convert 136 mg to ______ g.

A) 1360 g B) .136 g C) 13.6 g D) None

YOUR ANSWER:...

PROBLEM 11

Convert .427 L to ______ ml.

A) 4.27 ml B) 42.7 ml C) 427 ml D) None

YOUR ANSWER:...

A) .483 L B) 4830 L C) 483 L D) None

YOUR ANSWER:... None

PROBLEM 13

Convert 35 mi. to ______ km.

A) 49.4 km B) 45 km C) 56.4 km D) None

YOUR ANSWER:...

PROBLEM 14

Convert 1500 m. ______ yd.

A) 1855 yd. B) 1635 yd. C) 1200 yd. D) None

YOUR ANSWER:...

PROBLEM 15

Convert 180 lb. to ______ kg.

A) 81.8 kg B) 90.5 kg C) 96.4 kg D) None

YOUR ANSWER:...

PROBLEM 16

Convert 95 g ______ oz.

A) 3.4 oz. B) 3.6 oz. C) 4.1 oz. D) None

YOUR ANSWER:...

PROBLEM 17

Convert 20 gal. to ______ L.

A) 80.5 L B) 75.5 L C) 65 L D) None

YOUR ANSWER:...

THEME AREA 6, UNIT 47

Answer Key

Conversion Between US and Metric	**Metric Measurements of Capacity**	**Review**
1. a	1. a	1. b
2. c	2. c	2. a
3. a	3. b	3. a
4. b	4. c	4. c
5. a	5. --	5. a
6. b	6. c	6. --
7. a	7. a	7. b
8. c	8. b	8. a
9. a	9. a	9. a
10. b	10. b	10. b
11. c		11. c
12. b		12. --
13. --		13. c
14. b		14. d
15. a		15. a
16. b		16. a
17. a		17. b
18. c		

THEME AREA 8, UNIT 65

2034Z
INTRODUCTION TO BASIC MATH v 1.0 **Problem Listing**

NAME:
CHAPTER: 3 Operations on Decimal Numbers
SECTION: 2 Adding Decimal Numbers
DATE:07-19-1995 TIME:20:00:09

PROBLEM 1

Add $\begin{array}{r} 0.37 \\ +\ 0.79 \\ \hline \end{array}$

A) 1.16 B) 2.31 C) 2.01 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Add $\begin{array}{r} 4.68 \\ +\ 0.72 \\ \hline \end{array}$

A) 6.36 B) 4.97 C) 5.40 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Add $\begin{array}{l} \ \ 2.6392 \\ +\ 1.42 \\ \hline \end{array}$

A) 4.1432 B) 4.0592 C) 4.0483 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Add 0.62 + 5.23 + 12.6

A) 17.85 B) 18.35 C) 18.45 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Add 0.50 + 3.99 + 28.6

A) 32.99 B) 33.09 C) 31.09 D) None

YOUR ANSWER:...
CORRECT ANSWER:

A) 29.275   B) 30.275   C) 30.085   D) None

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 7

Add 13.58 + 7.239 + 2.5

A) 23.319   B) 22.309   C) 23.429   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Add
28.4572
7.5
2.898
+ 0.59

A) 39.4452   B) 40.2352
C) 38.4452   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Add
26.407
2.89
42
151.263
+ 88.005

A) 309.575   B) 310.565
C) 210.565   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Add
12
19.632
+ 6.0541

A) 36.4861   B) 37.6861
C) 38.6761   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11 If Bill spends $55.69 for food, $215.00 for lodging, and $95.26 for gas, what are his total expenditures?

A) $365.95   B) $275.95   C) $265.95   D) None

PROBLEM 12 If Jane ran 4.1 miles on Monday, 3.8 miles on Wednesday, and 1.9 miles on Friday, what is her total milage?

A) 10.2 B) 9.8 C) 11.8 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13 Add 2.45 inches, 4.6 inches, 22.5 inches, and 12 inches.

A) 40.65 in B) 40.45 in C) 41.55 in D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14 Rainfall for three consecutive months is 5.38 cm., 3.4 cm., and 4.69 cm. Find the total rainfall for the three months.

A) 13.47 cm B) 12.68 cm C) 11.47 cm D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 3 Operations on Decimal Numbers
SECTION: 3 Subtracting Decimal Numbers
DATE:07-19-1995   TIME:20:01:52

PROBLEM 1

```
Subtract      0 . 9 5
            - 0 . 4 9
              -------
```

A) .46   B) .39   C) .41   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

```
Subtract     2 5 . 7 1
           -   8 . 4 2
             ---------
```

A) 16.29   B) 18.29   C) 17.29   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

```
Subtract     1 9 . 1 2 5
           -   3 . 5 0 3
             -----------
```

A) 15.622   B) 14.532   C) 14.712   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

```
Subtract     4 2 . 7
           -   7 . 5 3
             ---------
```

A) 34.17   B) 35.17   C) 34.97   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

```
Subtract       6 . 9 3
           -   1 . 6 5 4
               ---------
```

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 6

Subtract 8.53
- 4.8

A) 3.73 B) 4.74 C) 4.83 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Subtract 14
- 5.32

A) 9.78 B) 8.68 C) 8.78 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Subtract 18.03
- 3.564

A) 15.566 B) 14.466 C) 14.576 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Subtract 43.
- 27.832

A) 14.958 B) 14.258 C) 15.168 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Subtract 384.251
- 18.764

A) 365.487 B) 265.537 C) 365.637 D) None

YOUR ANSWER:...
CORRECT ANSWER:

```
          A)  $212.53    B)  $115.83    C)  $85.83     D)  None


YOUR ANSWER:... None
CORRECT ANSWER: B
-----------------------------------------------------------------

PROBLEM 12  The outer radius of a piece of pipe is 3.845 inches, and
            the inner radius is 3.601 inches.  How thick is the pipe?


       A)  2.244 in      B)  .244 in      C)  1.244 in      D)  None


YOUR ANSWER:...
CORRECT ANSWER:
-----------------------------------------------------------------

PROBLEM 13    If your odometer reads 17,832.4 miles at the beginning of
a trip and 19,341.8 miles at the end of the trip, how far did you drive?


   A)  1,509.4 mi      B)  2,507.4 mi      C)  2,156.4 mi      D)  None


YOUR ANSWER:...
CORRECT ANSWER:
-----------------------------------------------------------------

PROBLEM 14    If you have $436.24 in your checking account and you write
a check for $28.73, how much is left in your checking account?


     A)  $395.51         B)  $389.26         C)  $407.51         D)  None


YOUR ANSWER:...
CORRECT ANSWER:
-----------------------------------------------------------------


TOTAL CORRECT ANSWERS =  0
PERCENTAGE CORRECT ...=  0 %
```

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 3 Operations on Decimal Numbers
SECTION: 4 Multiplying Decimal Numbers
DATE:07-19-1995   TIME:20:03:24

PROBLEM 1

```
                         Multiply     7.5
                                    x 3.4
                                    -----
```

A) 25.5   B) 26.5   C) 24.5   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

```
                         Multiply     9.8
                                    x 5.7
                                    -----
```

A) 54.56   B) 55.86   C) 56.76   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

```
                         Multiply     58.7
                                     x  25
                                     -----
```

A) 1475.5   B) 1467.5   C) 146.75   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

```
                         Multiply     9.5
                                    x .46
                                    -----
```

A) 53.7   B) 56.7   C) 4.37   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

```
                         Multiply     43.7
                                     x .96
                                     -----
```

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 6

Multiply $$\begin{array}{r} 1.35 \\ \times\ .38 \\ \hline \end{array}$$

A) 51.3 B) 5.23 C) .5130 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Multiply $$\begin{array}{r} .693 \\ \times\ 7.3 \\ \hline \end{array}$$

A) 50.859 B) 5.0589 C) 6.8589 D) None

YOUR ANSWER:...
CORRECT ANSWER:

52

PROBLEM 8

Multiply $$\begin{array}{r} .473 \\ \times\ 48 \\ \hline \end{array}$$

A) 22.704 B) 21.834 C) 21.854 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Multiply $$\begin{array}{r} 4.365 \\ \times\ .26 \\ \hline \end{array}$$

A) 3.4789 B) 26.829 C) 1.1349 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Multiply $$\begin{array}{r} 1.009 \\ \times\ .057 \\ \hline \end{array}$$

A) .57513 B) .057513 C) 5.7513 D) None

YOUR ANSWER:...
CORRECT ANSWER:

cost of the shirts?

A) $116.00 B) $96.00 C) $86.00 D) None

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 12 If 1 gallon of water weighs 8.34 pounds, how much will 5 gallons weigh?

A) 45.7 pounds B) 31.7 pounds C) 41.7 pounds D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13 What is the cost of a 6.45 pound roast if the cost per pound is $3.35?

A) $21.60 B) $18.95 C) $17.83 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14 John earns $7.20 per hour. What is he paid if he works 48.5 hours?

A) $333.20 B) $349.20 C) $320.20 D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 3 Operations on Decimal Numbers
SECTION: 5 Dividing Decimal Numbers
DATE:07-19-1995 TIME:20:05:04

PROBLEM 1

Divide $8 \overline{)43.92}$

A) 5.49 B) 5.69 C) 4.49 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Divide $6 \overline{)13.89}$

A) 1.36 B) 2.315 C) 2.34 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Divide $36 \overline{)165.6}$

A) 3.7 B) 3.6 C) 4.6 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Divide $76 \overline{)26.22}$

A) 3.36 B) .345 C) .452 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Divide $.6 \overline{)11.04}$

A) 1.87 B) 28.4 C) 18.4 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6

Divide $5.3 \overline{)12.72}$

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 7

Divide $.24\overline{)1.728}$

A) 1.253   B) 7.2   C) 4.317   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Divide $4.5\overline{)6.432}$ and round the answer to the nearest tenth.

A) 1.5   B) 1.6   C) 1.4   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Divide $3.2\overline{)15.1}$ and round the answer to the nearest hundredth.

A) 5.73   B) 4.72   C) 4.83   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Divide $3.14\overline{)4.83}$ and round the answer to the nearest hundredth.

A) 1.54   B) 2.54   C) 1.36   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

Divide $12\overline{)2.3847}$ and round the answer to the nearest thousandth.

A) .178   B) .199   C) .293   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 12 If Bill worked 40.8 hours earning $187.68, how much did he make per hour?

A) $4.60   B) $3.90   C) $4.15   D) None

YOUR ANSWER:...
CORRECT ANSWER:

A) $3.69   B) $3.25   C) $3.49   D) None

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 14   If a single screw weighs .035 oz, how many screws are in 16 oz bag?

A) 382   B) 556   C) 457   D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

THEME AREA 8, UNIT 65

Answer Key

Adding Decimal #s	Subtracting Decimal #s	Multiplying Decimal #s	Dividing Decimal #s
1. a	1. a	1. a	1. a
2. c	2. c	2. b	2. b
3. b	3. a	3. b	3. c
4. c	4. b	4. c	4. b
5. b	5. c	5. a	5. c
6. --	6. a	6. c	6. a
7. a	7. b	7. b	7. b
8. a	8. b	8. a	8. c
9. b	9. c	9. c	9. b
10. b	10. a	10. b	10. a
11. a	11. --	11. --	11. b
12. b	12. b	12. c	12. a
13. c	13. a	13. a	13. --
14. a	14. c	14. b	14. c

THEME AREA 10, UNIT 85

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 6 U.S. and Metric Measurements
SECTION: 2 U.S. Measurements of Weight
DATE:07-19-1995   TIME:20:09:04

PROBLEM 1

Convert 35 oz. to _____ lbs.

A) $2\frac{1}{4}$ lbs.   B) $2\frac{1}{3}$ lbs.   C) $2\frac{3}{16}$ lbs.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Convert 9 lbs. to _____ oz.

A) 144 oz.   B) 136 oz.   C) 127 oz..   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Convert 9000 lbs. to _____ tons.

A) 4 1/4 tons   B) 4 1/2 tons   C) 5 1/4 tons   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Convert $1\frac{2}{3}$ tons to _____ lbs.

A) 3,333 1/3 lbs.   B) 3,750 lbs.   C) 1 667 lbs.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Convert 88 oz. to _____ lbs.

A) 5 lbs.   B) 5 1/2 lbs.   C) 6 lbs.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

6. Convert $2\frac{}{8}$ lbs. to _____ oz.

A) 38 oz. B) 42 oz. C) 48 oz. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7 Convert $\frac{3}{5}$ tons to _____ lbs.

A) 1400 lbs. B) 1200 lbs. C) 1600 lbs. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8 Add

$$\begin{array}{r} 4 \text{ lbs. } 7 \text{ oz.} \\ + \; 3 \text{ lbs. } 11 \text{ oz.} \\ \hline \end{array}$$

A) 7 lbs. 8 oz. B) 8 lbs. 4 oz. C) 8 lbs. 2 oz. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9 Subtract

$$\begin{array}{r} 8 \text{ lbs. } 4 \text{ oz.} \\ - \; 3 \text{ lbs. } 7 \text{ oz.} \\ \hline \end{array}$$

A) 3 lbs. 12 oz. B) 4 lbs. 13 oz. C) 5 lbs. 8 oz. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10 If one brick weighs 1 1/4 lbs., how much would 1000 bricks weigh?

A) 1250 lbs. B) 1500 lbs. C) 1650 lbs. D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 6 U.S. and Metric Measurements
SECTION: 5 Metric Measurements of Mass
DATE:07-19-1995   TIME:20:10:43

PROBLEM 1

Convert 8635 g to _____ kg.

A) 86.35 kg   B) 8.635 kg   C) 863.5 kg   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Convert 53 mg to _____ g.

A) .53 g   B) 530 g   C) .053 g   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Convert .085 kg to _____ g.

A) 85 g   B) 850 g   C) 8.5 g   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Convert 485 g to _____ mg.

A) .485 mg   B) 485,000 mg   C) 4.85 mg   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Convert 2.39 kg to _____ g.

A) 2390 g   B) .0239 g   C) 23.9 g   D) None

YOUR ANSWER:...
CORRECT ANSWER:

6.

Convert .0873 g to _____ mg.

A) 873 mg B) 8.73 mg C) 87.3 mg D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Convert 230 dg to _____ g.

A) 23 g B) .23 g C) 2.3 g D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Convert .0843 hg to _____ cg.

A) .0843 cg B) 843 cg C) 84.3 cg D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Convert .000639 kg to _____ cg.

A) .639 cg B) 639 cg C) 63.9 cg D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Convert 23,800 dg to _____ kg.

A) 2.38 kg B) 238 kg C) 23.8 kg D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

THEME AREA 10, UNIT 85

Answer Key

US Measurements of Weights	Metric Measurements of Mass
1. c	1. b
2. a	2. c
3. b	3. a
4. a	4. b
5. b	5. a
6. a	6. c
7. b	7. a
8. c	8. b
9. b	9. c
10. a	10. a

THEME AREA 11, UNIT 98

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 4 Ratio and Proportion
SECTION: 4 Using Proportions to Solve Word Problems
DATE:07-19-1995 TIME:20:18:43

PROBLEM 1

If 2 gallons of paint will cover 3 rooms, how many gallons will it take to cover 12 rooms?

A) 10 gal. B) 8 gal. C) 9 gal. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

If two cans of beans cost $.84, how much will 12 cans cost?

A) $5.04 B) $4.50 C) $3.00 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

If you drive 300 miles on 10 gal., how far can you drive on 14 gal.?

A) 380 miles B) 390 miles C) 420 miles D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

If 3 inches on a map is 26 miles, how many miles is 12 inches?

A) 134 miles B) 126 miles C) 104 miles D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

If you can make 20 parts in 4 hours, how many parts can you make in 12 hours?

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 6

If a 6 foot pole has a 3 foot shadow, how tall is a tree with a 20 foot shadow?

A) 35 ft.   B) 40 ft.   C) 38 ft.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

If 1 bag of lime covers 100 square feet, how many bags are needed to cover 1200 square feet?

A) 12 bags   B) 14 bags   C) 16 bags   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

If 3 miles is equal to 4.8 km., how many km. is 20 miles?

A) 28.6 km.   B) 32 km.   C) 34.4 km.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

If 2 oz. of medicine is 1 dose, how many oz. is 12 doses?

A) 16 oz.   B) 18 oz.   C) 24 oz.   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

If an investment of $4,000 earns $580, how much will $20,000 earn?

A) $2,900   B) $1,800   C) $1,700   D) None

YOUR ANSWER:...
CORRECT ANSWER:

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 2 Operations on Positive Fractions
SECTION: 7 Exponents and Order of Operations
DATE:07-19-1995   TIME:20:24:10

PROBLEM 1

Insert the correct symbol between $\frac{13}{20}$ and $\frac{19}{20}$.

A) $\frac{13}{20} > \frac{19}{20}$ B) $\frac{13}{20} < \frac{19}{20}$ C) $\frac{19}{20} < \frac{13}{20}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Insert the correct symbol between $\frac{3}{8}$ and $\frac{6}{15}$.

A) $\frac{6}{15} > \frac{3}{8}$ B) $\frac{3}{8} > \frac{6}{15}$ C) $\frac{3}{8} < \frac{6}{15}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Insert the correct symbol between $\frac{3}{4}$ and $\frac{5}{8}$.

A) $\frac{3}{4} > \frac{5}{8}$ B) $\frac{3}{4} < \frac{5}{8}$ C) $\frac{5}{8} > \frac{3}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Insert the correct symbol between $\frac{2}{5}$ and $\frac{3}{8}$.

A) $\frac{2}{5} > \frac{3}{8}$ B) $\frac{3}{8} > \frac{2}{5}$ C) $\frac{2}{5} < \frac{3}{8}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Insert the correct symbol between $\frac{5}{24}$ and $\frac{7}{30}$.

7   5   5   7   5   7

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 6

Simplify $(1/2)^{3}$

A) $\frac{1}{4}$ B) $\frac{1}{8}$ C) $\frac{1}{6}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Simplify $(3/4)^{2}$

A) $\frac{9}{16}$ B) $\frac{6}{8}$ C) $\frac{9}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Simplify $(2/5)(1/3)^{2}$

A) $\frac{4}{15}$ B) $\frac{8}{15}$ C) $\frac{2}{45}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Simplify $(5/9)^{2}(18/25)^{2}$

A) $\frac{24}{81}$ B) 4 C) $\frac{4}{25}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Simplify $(2/7)^{2}(7/8)^{2}(8/9)$

A) $\frac{7}{9}$ B) $\frac{1}{18}$ C) $\frac{56}{89}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

A) 4   B) 8   C) 6   D) None

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 12

Simplify $(2^3 + 7) \div 5 + 4$

A) 7   B) 6   C) $\frac{13}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Simplify $\frac{3}{5} + \frac{3}{10} - \frac{2}{3}$

A) $\frac{7}{30}$ B) $\frac{4}{15}$ C) $\frac{3}{10}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Simplify $\frac{3}{5} \div \frac{6}{11} + \frac{4}{5}$

A) $\frac{13}{10}$ B) $\frac{17}{10}$ C) $\frac{19}{10}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Simplify $(2/3)^2 \cdot (1/5 + 3/10) \div 6/15$

A) $\frac{3}{7}$ B) $\frac{5}{9}$ C) $\frac{2}{15}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

THEME AREA 11, UNIT 98

Answer Key

Using Proportions to Solve Word Problems

1. a
2. a
3. c
4. c
5. a
6. b
7. a
8. b
9. c
10. a

Exponents & Order of Operations

1. b
2. c
3. a
4. a
5. c
6. b
7. a
8. c
9. c
10. b
11. --
12. a
13. a
14. c
15. b

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 2 Operations on Positive Fractions
SECTION: 2 Reducing Fractions
DATE:07-21-1995 TIME:14:42:06

PROBLEM 1

Reduce the fraction, $\frac{14}{28}$.

A) $\frac{2}{4}$ B) $\frac{1}{2}$ C) $\frac{7}{14}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Reduce the fraction, $\frac{24}{36}$.

A) $\frac{2}{3}$ B) $\frac{6}{9}$ C) $\frac{12}{18}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Reduce the fraction, $\frac{0}{10}$.

A) $\frac{1}{10}$ B) 10 C) 0 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Reduce the fraction, $\frac{45}{15}$.

A) $\frac{1}{3}$ B) $\frac{1}{15}$ C) 3 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Reduce the fraction, $\frac{20}{28}$.

A) $\frac{5}{}$ B) $\frac{5}{}$ C) $\frac{10}{}$ D) None

CORRECT ANSWER:

PROBLEM 6

Reduce the fraction, $\frac{18}{12}$.

A) $\frac{3}{2}$ or $1\frac{1}{2}$ B) $\frac{9}{6}$ or $1\frac{3}{6}$ C) $\frac{2}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Reduce the fraction, $\frac{60}{80}$.

A) $\frac{15}{20}$ B) $\frac{2}{3}$ C) $\frac{3}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Reduce the fraction, $\frac{48}{144}$.

A) $\frac{1}{3}$ B) $\frac{5}{9}$ C) $\frac{3}{17}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Reduce the fraction, $\frac{36}{16}$.

A) $\frac{18}{8}$ or $2\frac{2}{8}$ B) $\frac{9}{4}$ or $2\frac{1}{4}$ C) $\frac{3}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Reduce the fraction, $\frac{19}{47}$.

A) $\frac{3}{8}$ B) $\frac{5}{7}$ C) $\frac{8}{13}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

11.

A) $\frac{3}{4} = \frac{12}{16}$ B) $\frac{3}{4} = \frac{10}{16}$ C) $\frac{3}{4} = \frac{15}{16}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 12
Find the missing numerator in the equation, $\frac{5}{17} = \frac{?}{51}$.

A) $\frac{5}{17} = \frac{20}{51}$ B) $\frac{5}{17} = \frac{15}{51}$ C) $\frac{5}{17} = \frac{10}{51}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13
Find the missing numerator in the equation, $\frac{3}{8} = \frac{?}{32}$.

A) $\frac{3}{8} = \frac{9}{32}$ B) $\frac{3}{8} = \frac{14}{32}$ C) $\frac{3}{8} = \frac{12}{32}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14
Find the missing numerator in the equation, $\frac{5}{1} = \frac{?}{4}$.

A) $\frac{5}{1} = \frac{25}{4}$ B) $\frac{5}{1} = \frac{20}{4}$ C) $\frac{5}{1} = \frac{15}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15
Find the missing numerator in the equation, $\frac{1}{4} = \frac{?}{60}$.

A) $\frac{1}{4} = \frac{15}{60}$ B) $\frac{1}{4} = \frac{12}{60}$ C) $\frac{1}{4} = \frac{20}{60}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16
Find the missing numerator in the equation, $\frac{11}{16} = \frac{?}{64}$.

A) $\frac{11}{\ } = \frac{22}{\ }$ B) $\frac{11}{\ } = \frac{33}{\ }$ C) $\frac{11}{\ } = \frac{44}{\ }$ D) None

CORRECT ANSWER:

PROBLEM 17

Find the Least Common Multiple of 7 and 21.

A) 42 B) 21 C) 35 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

Find the Least Common Multiple of 14 and 42.

A) 42 B) 84 C) 56 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19

Find the Least Common Multiple of 44 and 12.

A) 144 B) 660 C) 132 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20

Find the Least Common Multiple of 3, 9, and 21.

A) 72 B) 63 C) 36 D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 2 Operations on Positive Fractions
SECTION: 3 Adding Fractions
DATE:07-21-1995 TIME:14:44:13

PROBLEM 1

Add $\frac{2}{5} + \frac{1}{5}$

A) $\frac{3}{10}$ B) $\frac{3}{5}$ C) 5 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Add $\frac{7}{3} + \frac{11}{3}$

A) $\frac{13}{3}$ B) $\frac{17}{3}$ C) 6 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Add $\frac{5}{8} + \frac{3}{8} + \frac{1}{8}$.

A) $\frac{9}{8}$ or $1\frac{1}{8}$ B) $\frac{7}{8}$ C) $\frac{11}{8}$ or $1\frac{3}{8}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Add $\frac{3}{16} + \frac{9}{16} + \frac{11}{16}$.

A) $\frac{17}{16}$ B) $\frac{23}{16}$ C) 2 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Add $\frac{4}{7} + \frac{5}{7} + \frac{9}{7}$.

9 1 23 2 18 4

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6

Add $\frac{2}{3} + \frac{1}{6}$

A) $\frac{3}{9}$ B) $\frac{5}{6}$ C) $\frac{1}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Add $\frac{4}{9} + \frac{2}{15}$

A) $\frac{26}{45}$ B) $\frac{6}{24}$ C) $\frac{1}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Add $\frac{3}{40} + \frac{4}{25}$

A) $\frac{7}{60}$ B) $\frac{7}{65}$ C) $\frac{47}{200}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Add $\frac{1}{3} + \frac{5}{19}$

A) $\frac{6}{21}$ B) $\frac{34}{57}$ C) $\frac{2}{7}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Add $\frac{1}{3} + \frac{1}{4}$

A) $\frac{7}{12}$ B) $\frac{2}{7}$ C) $\frac{7}{8}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

---

7 8

A) $\frac{8}{15}$ B) $\frac{9}{8}$ C) $\frac{59}{56}$ or $1\frac{3}{56}$ D) None

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 12 Add $\frac{1}{3} + \frac{5}{6} + \frac{5}{12}$

A) $\frac{19}{12}$ or $1\frac{7}{12}$ B) $\frac{11}{21}$ C) $\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Add $\frac{2}{3} + \frac{1}{5}$

A) $\frac{13}{15}$ B) $\frac{3}{8}$

C) $\frac{3}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Add $\frac{2}{7} + \frac{3}{14}$

A) $\frac{5}{14}$ B) $\frac{1}{2}$

C) $\frac{9}{14}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Add $\frac{5}{6} + \frac{2}{9}$

A) $\frac{17}{18}$ B) $\frac{15}{18}$

C) $\frac{19}{18}$ or $1\frac{1}{18}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Add $\frac{4}{9}$ + 7

A) $\frac{41}{45}$ B) $\frac{11}{24}$

12

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 17

Add

$$4\frac{1}{3}$$
$$7\frac{4}{15}$$

A) $12\frac{2}{15}$

B) $10\frac{12}{5}$

C) $11\frac{3}{5}$

D) None

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 18

Add

$$7\frac{3}{8}$$
$$5\frac{9}{20}$$

A) $12\frac{12}{28}$

B) $12\frac{33}{40}$

C) $12\frac{3}{7}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19

Add

$$6\frac{2}{7}$$
$$15\frac{3}{35}$$

A) $21\frac{13}{35}$

B) $22\frac{9}{35}$

C) $23\frac{21}{35}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 2 Operations on Positive Fractions
SECTION: 4 Subtracting Fractions
DATE:07-21-1995   TIME:14:46:17

PROBLEM 1

Subtract $\frac{7}{12} - \frac{5}{12}$

A) $\frac{4}{12}$ B) $\frac{1}{6}$ C) $\frac{1}{12}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Subtract $\frac{23}{30} - \frac{17}{30}$

A) $\frac{1}{5}$ B) $\frac{7}{30}$ C) $\frac{4}{30}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Subtract $\frac{33}{45} - \frac{16}{45}$

A) $\frac{2}{5}$ B) $\frac{2}{9}$ C) $\frac{17}{45}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Subtract $\frac{11}{24} - \frac{7}{24}$

A) $\frac{1}{6}$ B) $\frac{5}{24}$ C) $\frac{5}{12}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Subtract $\frac{42}{75} - \frac{19}{75}$

860

2   23   14

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6

Subtract $\frac{7}{9} - \frac{4}{15}$

A) $\frac{23}{45}$ B) $\frac{7}{15}$ C) $\frac{2}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Subtract $\frac{5}{8} - \frac{3}{16}$

A) $\frac{1}{16}$ B) $\frac{7}{16}$ C) $\frac{2}{16}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Subtract $\frac{5}{9} - \frac{1}{6}$

A) $\frac{7}{18}$ B) $\frac{2}{9}$ C) $\frac{4}{6}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Subtract $\frac{4}{5} - \frac{1}{15}$

A) $\frac{4}{15}$ B) $\frac{13}{15}$ C) $\frac{11}{15}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Subtract $\frac{13}{16} - \frac{7}{12}$

A) $\frac{11}{48}$ B) $\frac{3}{16}$ C) $\frac{5}{12}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

Subtract 60

$- \frac{11}{40}$

5

C) $\frac{11}{40}$

120

D) None

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 12

Subtract

$\frac{7}{8}$

$- \frac{4}{9}$

A) $\frac{2}{9}$

B) $\frac{31}{72}$

C) $\frac{3}{8}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Subtract

$24 \frac{18}{33}$

$- 11 \frac{9}{33}$

A) $14 \frac{1}{33}$

B) $13 \frac{3}{11}$

C) $12 \frac{2}{3}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Subtract

$47 \frac{12}{17}$

$- 23 \frac{5}{17}$

A) $24 \frac{7}{12}$

B) $23 \frac{5}{12}$

C) $24 \frac{5}{12}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Subtract

$5 \frac{1}{8}$

$- 3 \frac{5}{8}$

A) $2 \frac{3}{8}$

B) $2 \frac{1}{8}$

C) $1 \frac{1}{2}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Subtract

$15 \frac{7}{8}$

$- 4 \frac{1}{}$

A) $11 \frac{13}{24}$

B) $12 \frac{1}{8}$

3

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 17

Subtract

$$\begin{array}{r} 15\frac{5}{12} \\ -\ 2\frac{17}{24} \\ \hline \end{array}$$

A) $11\frac{7}{12}$

B) $12\frac{17}{24}$

C) $13\frac{1}{12}$

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18 How much milk is left in a four gallon container if 2/3 of a gallon has been used?

A) $3\frac{1}{3}$ gal

B) $3\frac{2}{3}$ gal

C) $2\frac{2}{3}$ gal

D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19 If a 2 1/4 foot section is cut from a 3 1/2 foot board, how much is left?

A) $1\frac{3}{4}$ ft

B) $\frac{3}{4}$ ft

C) $1\frac{1}{4}$ ft

D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

2034Z
INTRODUCTION TO BASIC MATH v 1.0 Problem Listing

NAME:
CHAPTER: 2 Operations on Positive Fractions
SECTION: 5 Multiplying Fractions
DATE:07-21-1995 TIME:14:48:54

PROBLEM 1

Multiply $\frac{4}{15} \cdot \frac{3}{12}$

A) $\frac{1}{15}$ B) $\frac{2}{15}$ C) $\frac{3}{28}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Multiply $\frac{3}{7} \cdot \frac{7}{6}$

A) $\frac{2}{7}$ B) $\frac{5}{6}$ C) $\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Multiply $\frac{1}{5} \cdot \frac{5}{8}$

A) $\frac{5}{40}$ B) $\frac{1}{8}$ C) $\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Multiply $\frac{5}{9} \times \frac{15}{25}$

A) $\frac{2}{5}$ B) $\frac{1}{3}$ C) $\frac{2}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Multiply $\frac{2}{15} \cdot \frac{5}{12}$

A) $\frac{1}{\ }$ B) $\frac{3}{\ }$ C) $\frac{3}{\ }$ D) None

CORRECT ANSWER:

PROBLEM 6

Multiply $\frac{7}{2} \cdot \frac{6}{14}$

A) $\frac{5}{7}$ B) $\frac{3}{14}$ C) $\frac{3}{2}$ or $1\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Multiply $\frac{4}{7} \cdot \frac{1}{5}$

A) $\frac{3}{7}$ B) $\frac{2}{5}$ C) $\frac{4}{35}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Multiply $\frac{14}{9} \cdot \frac{27}{2}$

A) 21   B) $\frac{9}{5}$ or $1\frac{4}{5}$ C) 3   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Multiply $\frac{3}{16} \cdot \frac{12}{17}$

A) $\frac{3}{17}$ B) $\frac{9}{68}$ C) $\frac{1}{34}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Multiply $\frac{18}{44} \cdot \frac{22}{6}$

A) $\frac{4}{3}$ or $1\frac{1}{3}$ B) $\frac{3}{2}$ or $1\frac{1}{2}$ C) $\frac{5}{3}$ or $1\frac{2}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 11

1   1

A) $6\frac{19}{28}$ B) $7\frac{1}{7}$ C) $6\frac{5}{7}$ D) None

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 12

Multiply $1\frac{3}{4} \cdot 2\frac{3}{5}$

A) $4\frac{1}{4}$ B) $4\frac{11}{20}$ C) $5\frac{3}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Multiply $3\frac{3}{4} \cdot 1\frac{1}{5}$

A) $5\frac{1}{4}$ B) $3\frac{3}{4}$ C) $4\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Multiply $2\frac{1}{2} \times 3$

A) 7 B) $6\frac{3}{4}$ C) $7\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Multiply $\frac{3}{8} \times 3\frac{3}{7}$

A) $1\frac{2}{7}$ B) $4\frac{1}{8}$ C) $3\frac{2}{7}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Multiply $3\frac{1}{2} \times 4\frac{2}{3}$

A) $7\frac{5}{6}$ B) $16\frac{1}{3}$ C) 8 D) None

CORRECT ANSWER:

PROBLEM 17

Multiply $4\frac{1}{3} \times 2\frac{1}{4}$

A) $8\frac{1}{4}$ B) $8\frac{3}{4}$ C) $9\frac{3}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18

Multiply $4 \times 6\frac{1}{2}$

A) $12\frac{1}{2}$ B) 26 C) $24\frac{1}{2}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19 A person can row a boat 2 1/2 miles in one hour. How far can he row in 1 1/3 hours?

A) $2\frac{3}{5}$ mi. B) $3\frac{1}{3}$ mi. C) $2\frac{4}{5}$ mi. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20 A car gets 25 2/5 miles per gallon. How far can it travel on 4 gallons of gas?

A) 105 mi. B) $103\frac{1}{5}$ mi. C) $101\frac{3}{5}$ mi. D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 21 A worker earns 6 1/2 dollars per hour. How much does he earn in 4 1/3 hours?

A) $28\frac{1}{6}$ dollars B) 32 dollars C) $29\frac{1}{3}$ dollars D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 22 A board 6 2/3 feet long is cut into 4 equal parts. What is 1/4 of 6 2/3?

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 2 Operations on Positive Fractions
SECTION: 6 Dividing Fractions
DATE:07-21-1995   TIME:14:51:34

PROBLEM 1

Divide $\frac{3}{7} \div \frac{3}{2}$

A) $\frac{1}{2}$ B) $\frac{2}{7}$ C) $\frac{2}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2

Divide $\frac{16}{33} \div \frac{4}{11}$

A) $\frac{4}{3}$ or $1\frac{1}{3}$ B) $\frac{5}{11}$ C) $\frac{2}{33}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3

Divide $\frac{11}{15} \div \frac{5}{12}$

A) $2\frac{1}{3}$ B) $1\frac{2}{5}$ C) $\frac{44}{25}$ or $1\frac{19}{25}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4

Divide $\frac{12}{13} \div \frac{4}{39}$

A) $1\frac{1}{13}$ B) $2\frac{3}{13}$ C) 9   D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5

Divide $\frac{10}{21} \div \frac{5}{14}$

4   1[illegible]   7   1

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6

Divide $\frac{1}{4} \div \frac{1}{16}$

A) 4
B) $2\frac{1}{4}$
C) $3\frac{1}{16}$
D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7

Divide $\frac{8}{15} \div \frac{16}{5}$

A) $\frac{1}{6}$
B) 6
C) $2\frac{1}{5}$
D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8

Divide $\frac{5}{3} \div \frac{1}{3}$

A) $2\frac{1}{3}$
B) $1\frac{2}{3}$
C) 5
D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9

Divide $\frac{5}{7} \div \frac{3}{7}$

A) $2\frac{1}{7}$
B) $\frac{8}{7}$ or $1\frac{1}{7}$
C) $\frac{5}{3}$ or $1\frac{2}{3}$
D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10

Divide $\frac{4}{3} \div 4$

A) $\frac{1}{4}$
B) $\frac{1}{3}$
C) $\frac{3}{4}$
D) None

YOUR ANSWER:...
CORRECT ANSWER:

---

4 8

A) $\frac{23}{11}$ or $2\frac{1}{11}$ B) $\frac{18}{11}$ or $1\frac{7}{11}$ C) $\frac{9}{11}$ D) None

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 12

Divide $8\frac{1}{4} \div 2\frac{3}{4}$

A) 3 B) $2\frac{1}{4}$ C) $3\frac{1}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 13

Divide $\frac{7}{12} \div 2\frac{1}{3}$

A) 4 B) $\frac{5}{3}$ C) $\frac{1}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 14

Divide $\frac{5}{8} \div 2\frac{3}{4}$

A) $3\frac{1}{4}$ B) $\frac{5}{22}$ C) $\frac{3}{4}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 15

Divide $7\frac{3}{5} \div 1\frac{7}{12}$

A) $4\frac{4}{5}$ B) $5\frac{1}{4}$ C) $4\frac{3}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 16

Divide $1\frac{2}{3} \div 1\frac{1}{9}$

A) $2\frac{1}{}$ B) $\frac{3}{}$ or $1\frac{1}{}$ C) 2 D) None

YOUR ANSWER:... None
CORRECT ANSWER: B

PROBLEM 17 How many 1/4 pound bags of candy can you make from a 2 3/4 pound box of candy?

A) 8 B) 11 C) 10 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 18 How many 1/3 oz containers of medicine can you fill from a 6 1/3 oz bottle?

A) 19 B) 12 C) 15 D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 19 How many 1 1/4 foot sections of board can be cut from a 16 foot board?

A) 14 B) 16 C) $12 \frac{4}{5}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 20 How many 3/4 pound portions of meat can be cut from a 3 pound roast?

A) 5 B) 4 C) $5 \frac{1}{3}$ D) None

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

THEME AREA 11, UNIT 98

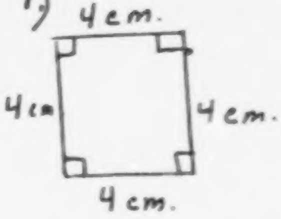
Answer Key

Reducing Fractions	Adding Fractions	Subtracting Fractions	Multiplying Fractions	Dividing Fractions
1. b	1. b	1. b	1. a	1. b
2. a	2. c	2. a	2. c	2. a
3. c	3. a	3. c	3. b	3. c
4. c	4. b	4. a	4. b	4. c
5. b	5. c	5. --	5. --	5. --
6. a	6. b	6. a	6. c	6. a
7. c	7. a	7. b	7. c	7. a
8. a	8. c	8. a	8. a	8. c
9. b	9. b	9. c	9. b	9. c
10. d	10. a	10. a	10. b	10. b
11. a	11. --	11. --	11. --	11. --
12. b	12. a	12. b	12. b	12. a
13. c	13. a	13. b	13. c	13. c
14. b	14. b	14. a	14. c	14. b
15. a	15. c	15. c	15. a	15. a
16. c	16. a	16. --	16. b	16. b
17. b	17. c	17. b	17. c	17. b
18. a	18. b	18. a	18. b	18. a
19. c	19. a	19. c	19. b	19. c
20. b			20. c	20. b
			21. a	

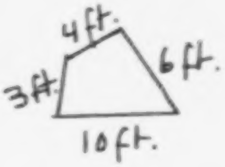
THEME AREA 11, UNIT 99

Figures For Perimeter Problems

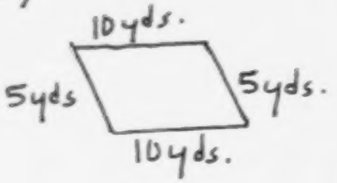
1)


4 cm.
4 cm
4 cm.
4 cm.

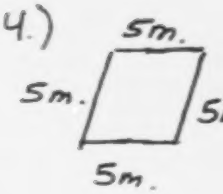
2)


4 ft.
3 ft.
6 ft.
10 ft.

3)

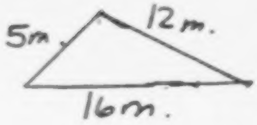

10 yds.
5 yds
5 yds.
10 yds.

4.)

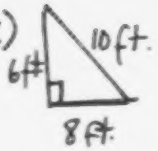


5.)

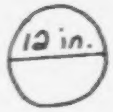
6.)



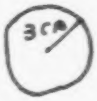
7.)


6 ft
10 ft.
8 ft.

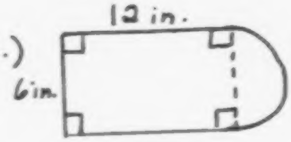
8.)



9.)



10.)



2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 7 Geometric Figures
SECTION: 1 Finding the Perimeter of Geometric Figures
DATE:07-19-1995   TIME:20:32:35

PROBLEM 1 Find the Perimeter of the given Square (a Square has equal sides and 90 degree angles).

A) 8 cm.   B) 16 cm.

C) 12 cm.   D) None of these

@figure7.104,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2 Find the Perimeter of the given Quadrilateral (a Quadrilateral is any four sided plane figure).

A) 22 ft.   B) 24 ft.

C) 23 ft.   D) None of these

@figure7.105,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3 Find the Perimeter of the given Parallelogram (a parallelogram has opposite sides parallel and equal).

A) 30 yds.   B) 26 yds.

C) 24 yds.   D) None of these

@figure7.106,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4 Find the Perimeter of the given Rhombus (a rhombus is a parallelogram with all sides equal).

A) 25 m.   B) 30 m.

C) 20 m.   D) None of these

@figure7.107,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5 Find the Perimeter of the given Rectangle (a rectangle is a parallelogram with four right angles).

A) 54 mi.   B) 36 mi.

YOUR ANSWER:... None
CORRECT ANSWER: C

PROBLEM 6 Find the Perimeter of the given Triangle.

A) 33 m. B) 26 m.

C) 28 m. D) None of these

@figure7.109,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7 Find the Perimeter of the given Right Triangle (a right triangle has one 90 degree angle).

A) 26 m. B) 24 m.

C) 28 m. D) None of these

@figure7.110,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8 Find the Circumference of a Circle with Diameter of 12 inches.

A) 40 in. B) 37.68 in.

C) 38 in. D) None of these

@figure7.111,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9 Find the Circumference of a Circle with Radius 3 cm.

A) 18.84 cm. B) 18 cm.

C) 21 cm. D) None of these

@figure7.112,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 10 Find the Perimeter of the following figure.

A) 40 in. B) 39.42 in.

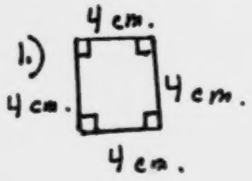
C) 38 in. D) None of these

@figure7.113,25,229

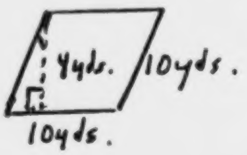
YOUR ANSWER:...
CORRECT ANSWER:

Figures for Area Problems

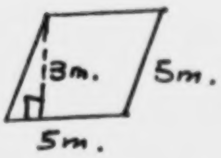
1.)


4 cm.
4 cm.
4 cm.
4 cm.

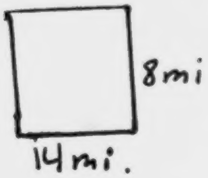
2.)


4yds.
10yds.
10yds.

3.)

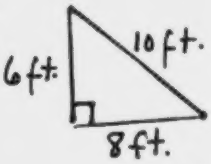


4.)

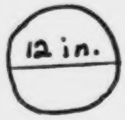


5.)

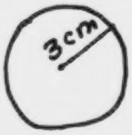
6.)


6ft.
10ft.
8ft.

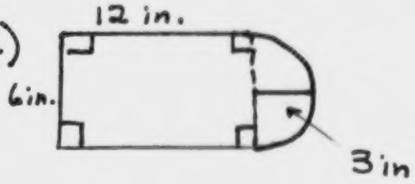
7.)



8.)



9.)


12 in.
6in.
3in

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 7 Geometric Figures
SECTION: 2 Finding the Area of Geometric Figures
DATE:07-19-1995   TIME:20:33:44

PROBLEM 1

Find the Area of the given Square.

A) 12 cm.^{2} B) 36 cm.^{2}

C) 16 cm.^{2} D) None of these

@figure7.205,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2   Find the Area of the given Parallelogram.

A) 64 yds.^{2} B) 40 yds.^{2}

C) 36 yds.^{2} D) None of these

@figure7.213,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3   Find the Area of the given Rhombus.

A) 12 m.^{2} B) 9 m.^{2}

C) 15 m.^{2} D) None of these

@figure7.211,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4   Find the Area of the given Rectangle.

A) 96 mi.^{2} B) 112 mi.^{2}

C) 64 mi.^{2} D) None of these

@figure7.206,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 5   Find the Area of the given Triangle.

A) 32 m.^{2} B) 36 m.^{2}

YOUR ANSWER:... None
CORRECT ANSWER: A

PROBLEM 6 Find the Area of the given Right Triangle.

A) 24 ft.^{2} B) 36 ft.^{2}

C) 48 ft.^{2} D) None of these

@figure7.208,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7 Find the Area of a Circle with a given Diameter of 12 in.

A) 144 in.^{2} B) 113.04 in.^{2}

C) 96 in.^{2} D) None of these

@figure7.209,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8 Find the Area of a Circle with Radius 3 cm.

A) 24.2 cm.^{2} B) 18 cm.^{2}

C) 28.26 cm.^{2} D) None of these

@figure7.210,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 9 Find the Area of the following figure.

A) 72 in.^{2} B) 100 in.^{2}

C) 86.13 in.^{2} D) None of these

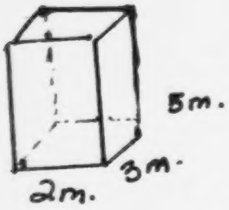
@figure7.212,25,229

YOUR ANSWER:...
CORRECT ANSWER:

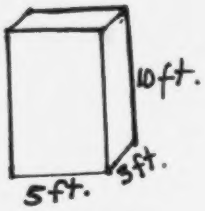
TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

Figures for Volume Problems

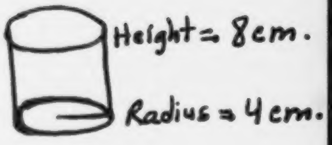
1.)



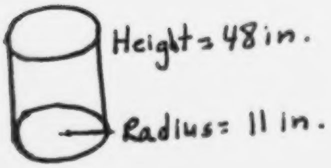
2.)


10ft.
3ft.
5ft.

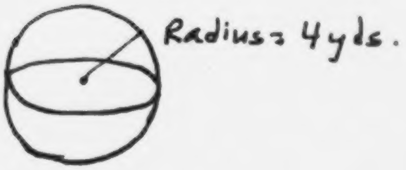
3.)


Height = 8cm.
Radius = 4cm.

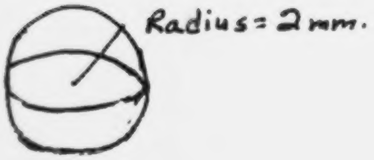
4.)


Height = 48in.
Radius = 11 in.

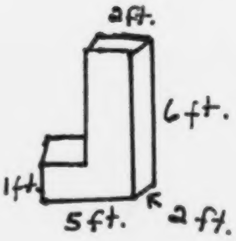
5.)


Radius = 4yds.

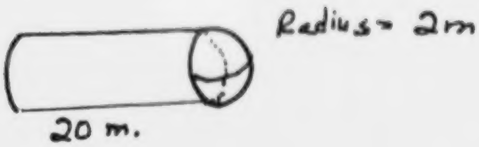
6.)



7.)


2ft.
6ft.
1ft.
5ft.
2ft.

8.)


Radius = 2m
20 m.

2034Z
INTRODUCTION TO BASIC MATH v 1.0   Problem Listing

NAME:
CHAPTER: 7 Geometric Figures
SECTION: 3 Finding the Volume of Geometric Shapes
DATE:07-19-1995   TIME:20:35:11

PROBLEM 1   Find the Volume of the Rectangular Solid.

A) 30 m.^{3} B) 24 m.^{3}

C) 10 m.^{3} D) None of these

@figure7.304,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 2   Find the Volume of the Rectangular Solid

A) 18 ft.^{3} B) 36 ft.^{3}

C) 150 ft.^{3} D) None of these

@figure7.305,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 3   Find the Volume of the given Cylinder.

A) 401.92 cm.^{3} B) 64 cm.^{3}

C) 128.34 cm.^{3} D) None of these

@figure7.306,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 4   Find the Volume of the given Cylinder.

A) 2,158 in.^{3} B) 16,471.4 in.^{3}

C) 18,237.12 in.^{3} D) None of these

@figure7.307,25,229

YOUR ANSWER:... None

PROBLEM 5 Find the Volume of the given Sphere.

A) 64.18 yds.^{3} B) 267.95 yds.^{3}

C) 326.14 yds.^{3} D) None of these

@figure7.308,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 6 Find the Volume of the given Sphere.

A) 8.15 mm.^{3} B) 33.49 mm.^{3}

C) 16.25 mm.^{3} D) None of these

@figure7.309,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 7 Find the Volume of the given figure.

A) 30 ft.^{3} B) 36 ft.^{3}

C) 28 ft.^{3} D) None of these

@figure7.310,25,229

YOUR ANSWER:...
CORRECT ANSWER:

PROBLEM 8 Find the Volume of the given figure.

A) 267.95 m.^{3} B) 426.4 m.^{3}

C) 342.6 m.^{3} D) None of these

@figure7.311,25,229

YOUR ANSWER:...
CORRECT ANSWER:

TOTAL CORRECT ANSWERS =
PERCENTAGE CORRECT ...=

THEME AREA 11, UNIT 99

Answer Key

Perimeter	Area	Volume
1. b	1. c	1. a
2. c	2. b	2. c
3. a	3. c	3. a
4. c	4. b	4. --
5. --	5. --	5. b
6. a	6. a	6. b
7. b	7. b	7. a
8. b	8. c	8. a
9. a	9. c	
10. b		

COMMUNICATION SKILLS FOR OMRDD DIRECT CARE WORKERS

DISTANCE LEARNING STUDY GUIDE

TOPICS AND LEARNING OBJECTIVES

THEME AREA 1: Introduction to Distance Learning, and Reflections on the Relationship Between Direct Care Work and Communication Skills (Units 1-7)

Job Context: Overview of Distance Learning and Its Relationship to Direct Care

Communication Skills: Understanding Distance Learning; Using Computers for E-mail and Word Processing on the Job

Objectives:
- become acquainted with distance learning model components:
  - computers
  - e-mail
  - regular mail
  - telephone
  - video
  - paper & pencil
- understand purpose of course
- become familiar with e-mail and word processing
- practice using regular mail and e-mail to make initial contact with Instructor

Job Context: Relationship Between Direct Care Work and Communication Skills

Communication Skills: Improving Writing Skills; Developing Connecting & Interviewing Skills; Review Different Responsibilities of Direct Care Workers; Reading Comprehension

Objectives:
- recognize job tasks that require reading, writing, and math
- review reporting requirements for worksite
- practice writing
- review importance of connecting skills
- review procedures for getting information
- review different aspects of Direct Care Work
- comprehend written material about Direct Care Workers
- skim written material about Direct Care Workers
- understand tèchnical vocabulary through context
- consult with others for information
- establish e-mail study partner or study group

Job Context: Understanding and Using Technical Vocabulary

Communication Skills: Expanding Knowledge of Technical Vocabulary; Learning a Technique for Understanding Vocabulary Words; Reading Comprehension

Objectives:
- review terminology used by service providers, occupational therapists, etc.
- review technical vocabulary
- introduce method for understanding vocabulary in the context
- use the context for vocabulary development

THEME AREA 2: Writing Notes and Narratives (Units 8 - 16)

Job Context: Writing Notes (or Log Entries)

Communication Skills: Recognizing Pertinent Information; Writing Skills; Planning to Write; Writing a Note; Reading Comprehension; Reading Comprehension of Notes

Objectives:
- review purpose of notes
- describe how you distinguish between significant and irrelevant information
- plan to write
- relay accurate, precise information in writing
- review correct use of technical vocabulary
- review correct spelling, sentence structure, and verb form
- read and review notes
- read and review Information Documentation guidelines

Job Context: Writing Notes

Communication Skills: Distinguishing Between Relevant and Irrelevant Information; Editing Skills; Learning Techniques for Assessing Own Writing

Objectives:
- describe how you distinguish between significant and irrelevant information
- detect and correct grammatical and spelling errors
- recognize importance of good handwriting or penmanship
- implement a procedure for assessment of own writing

Job Context: Writing Notes and Narratives

Communication Skills: Writing Skills; Reading Comprehension

Objectives:
- review written material on effective writing
- review guidelines for clear writing
- use simple and direct vocabulary
- review correct spelling, sentence structure, and verb forms
- apply editing skills

Job Context: Writing Notes: Spelling Individuals' Names and Other Proper Nouns Correctly; Spelling Technical Words Correctly

Communication Skills: Spelling; Learning a Technique for Self-Study of Spelling Words; Dictionary Skills

Objectives:
- review the importance of spelling individuals' names correctly
- spell individuals' names correctly
- practice spelling technical words correctly
- review spelling rules and apply to writing
- review using a dictionary
- learn a technique for self-study of spelling words

Job Context: Writing Notes: Using Correct Grammar and Punctuation

Communication Skills: Using Correct Verb Forms; Using Correct Punctuation; Writing Skills

Objectives:
- review concept of subject-verb agreement
- review verb-tense agreement
- review rules for using commas
- practice using correct grammatical form

Job Context: Writing Notes From Own Observations

Communication Skills: Writing Skills; Observational Skills; Problem-Solving

Objectives:
- express observations in writing
- compare and contrast
- assess and correct own writing
- make a problem-solving decision

THEME AREA 3: Incident Reports (Units 17 - 24)

Job Context: Incident Report Regulations

Communication Skills: Reading Comprehension; Problem-Solving; Writing Skills

Objectives:
- review Incident Report regulations
- review written material about Incident Reports
- describe how you distinguish between different types of incidents or allegations of abuse
- describe how you make decisions regarding incidents or allegations of abuse
- review technical vocabulary through the context
- describe how you apply regulations to own practice
- improve writing skills

Job Context: Incident Reports

Communication Skills: Reading Comprehension; Problem-Solving; Writing Skills

Objectives:
- review Incident Reports
- review written material about Incident Reports
- review technical vocabulary through the context
- describe how you apply regulations to own practice
- improve writing skills

Job Context: Vocabulary Pertaining to Incident Reports

Communication Skills: Vocabulary Development; Reading Comprehension

Objectives:
- review use of vocabulary on Incident Report form

Job Context: Writing Descriptions of Incidents

Communication Skills: Developing Observational Skills; Note-Taking Skills; Writing Descriptions of Incidents

Objectives:
- cultivate observational skills
- review important components of incident description
- review writing descriptions of incidents
- check completion and accuracy of own descriptions
- improve writing skills
- practice note-taking

THEME AREA 4: Incident Reports, Part Two (Units 25 - 37)

Job Context: Incident Report Regulations

Communication Skills: Reading Comprehension, Problem-Solving

Objectives:
- review Incident Report regulations
- review written material about Incident Reports
- make decisions regarding incidents
- understand technical vocabulary through the context

Job Context: Vocabulary Pertaining to Incident Reports

Communication Skills: Vocabulary Development; Reading Comprehension

Objectives:
- review vocabulary on Incident Report form
- use vocabulary that appears on Incident Report form

Job Context: Filling Out Incident Report and Allegation of Client Abuse Forms

Communication Skills: Following Directions; Understanding Categories on Forms; Reading Comprehension; Filling in an Incident Report; Filling in an Allegation of Client Abuse Form

Objectives:
- follow directions on an Incident Report and Allegation of Client Abuse Form
- review categories on Incident Report and Allegation of Client Abuse Form
- review written material on Incident Reports and Allegation of Client Abuse Forms
- check completeness and accuracy of Incident Reports
- complete an Incident Report and Allegation of Client Abuse form

Job Context: Writing Descriptions of Incidents (Incident Report Form 147 (I), #25)

Communication Skills: Developing Observational Skills; Reading Comprehension; Writing Skills; Writing Descriptions of Incidents

Objectives:
- cultivate observational skills
- recognize important components of incident description
- practice writing incident descriptions
- check completeness and accuracy of own descriptions

Job Context: Accurately Completing Incident Reports

Communication Skills: Writing Skills; Improving Grammatical Skills

Objectives:
- review subject-verb agreement
- practice writing skills

Job Context: Review of Incident Reports

Communication Skills: Following Directions; Understanding Categories on Forms; Reading Comprehension; Writing Descriptions of Incidents

Objectives:

- review categories on Incident Report
- review written material on Incident Reports
- recognize important components of incident description
- practice writing incident descriptions
- practice skimming and scanning
- use regulations as reference materials

Job Context: Completing Other Forms Related to Incident Reporting

Communication Skills: Following Directions; Understanding Categories on Forms; Reading Comprehension; Writing Skills

Objectives:

- follow directions on forms
- review categories on forms
- review purpose of forms
- practice writing

THEME AREA 5: Individualized Planning Process (Units 38 - 44)

Job Context: Preparation for the Individualized Planning Process

Communication Skills: Reading Comprehension; Building Technical Vocabulary; Writing Skills; Improving Sentence Structure

Objectives:

- review basic concept of Individualized Planning Process
- review material on Individualized Planning Process
- read and understand forms related to the Individualized Planning Process
- review meaning of words used frequently in Individualized Planning Process
- use context to determine meaning of unfamiliar words
- use correct sentence structure in writing
- detect and correct grammatical errors

Job Context: Presenting a Case at an Individualized Planning Process Meeting

Communication Skills: Writing Skills; Summarizing Skills; Interpersonal Skills

Objectives:
- synthesize information
- identify most important ideas
- use correct grammar and technical vocabulary
- relay accurate, precise information in writing
- review meeting preparation
- write ideas in a professional manner
- read and understand forms and reports pertaining to an individual's case record

Job Context: Individualized Planning Process; Problem-Solving

Communication Skills: Reading Comprehension; Writing Skills; Interpersonal Skills; Problem-Solving

Objectives:
- practice writing skills
- employ problem-solving strategies

THEME AREA 6: Medications (Units 45 - 56)

Job Context: Medications: Math Refresher

Communication Skills: Mathematical Skills; Problem-Solving Skills

Objectives:
- review addition, subtraction, multiplication, division
- review calculation of percent
- practice conversion of measurement units to the metric system
- apply basic math skills to job-typical problems

Job Context: Writing Medical Notes

Communication Skills: Writing Skills

Objectives:
- write figures, addresses, times, percentages, and dates correctly
- distinguish between significant and irrelevant information
- relay accurate, precise information in writing
- use technical vocabulary correctly
- use correct abbreviations in writing
- recognize pertinent information

Job Context: Knowledge of Types of Medications

Communication Skills: Following Directions; Reading Comprehension

Objectives:
- follow directions
- comprehend medication label
- practice locating information on medications

Job Context: Medication Administration

Communication Skills: Following Directions; Writing Skills; Reading Comprehension; Vocabulary Development; Dictionary Skills

Objectives:
- review medical regulations
- review written material on medication administration
- build technical vocabulary
- practice using the dictionary
- understand technical vocabulary through the context

THEME AREA 7: Communicating and Connecting with Individuals (Units 57 - 62)

Job Context: Communicating and Connecting with Individuals

Communication Skills: Summarizing Concepts; Writing Skills; Demonstrating Understanding and Empathy; Problem-Solving Skills

Objectives:
- summarize main ideas of oral presentation
- demonstrate understanding and empathy
- recognize individuals as people
- review written material on sensitivity to individuals
- comprehend written material on supported living
- improve writing skills
- apply training material to practice
- skim and scan textual material
- expand vocabulary

Job Context: Ethics

Communication Skills: Summarizing Concepts; Writing Skills; Demonstrating Understanding and Empathy; Problem-Solving Skills

Objectives:
- summarize main ideas of oral presentation
- demonstrate understanding and empathy
- recognize individuals as people
- improve writing skills

THEME AREA 8: Managing Daily Living Activities (Units 63 - 71)

Job Context: Emergency Procedures

Communication Skills: Locating Information; Reading Comprehension; Writing Skills; Skimming and Scanning; Note-Taking

Objectives:
- skim and scan written materials on fire evacuation
- understand written material on fire evacuation
- analyze a problem pertaining to fire evacuation
- practice note-taking skills
- practice writing skills

Job Context: Purchasing and Preparing Food

Communication Skills: Reading Comprehension; Using Unit Pricing; Interpreting Nutritional Labels

Objectives:
- reading figures and charts
- using basic computation skills

Job Context: Managing Daily Living Activities; Math Refresher

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:
- practice problem-solving with decimals
- apply basic math skills to job-typical problems

Job Context: Interacting with Medical Community

Communication Skills: Developmental Connecting Skills; Relaying Information; Writing Skills; Problem-Solving; Using a "Consult" Form

Objectives:
- recognize role as advocate for individual
- practice communicating information
- use writing skills

Job Context: Refresher: Spelling

Communication Skills: Spelling; Dictionary Skills

Objectives:
- review words most often misspelled
- review spelling rules
- review using a dictionary for spelling and meaning

Job Context: Daily Living Activities

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- comprehend written material on leisure and recreational activities
- apply procedure to practice
- review plan of activities for one individual
- practice writing
- practice reading and filling out forms
- find methods to locate resources for activities in own community
- employ problem-solving skills

THEME AREA 9: Improving Productivity and Job Efficiency Through Personal Development (Units 72 - 78)

Job Context: Job Productivity and Efficiency

Communication Skills: Reading Comprehension; Problem-Solving; Writing Skills

Objectives:
- review written material on problem-solving
- recognize own job strengths and areas of possible improvement

Job Context: Reducing Stress on the Job

Communication Skills: Reading Comprehension; Vocabulary Development; Following Directions; Problem-Solving; Writing Skills

Objectives:
- review terminology related to stress management
- review written material on stress reduction
- learn stress reduction methods
- practice writing skills
- employ problem-solving strategies
- apply stress reduction methods
- identify indicators of feeling
- identify stressful situations

Job Context: Preventing Back Injuries

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- review written material on stress reduction
- practice writing skills

THEME AREA 10: Preview of Direct Care for Transitional Staff (Units 79 - 92)

Job Context: Reading Material Related to the Job

Communication Skills: Reading Comprehension; Writing Skills; Math Skills

Objectives:
- review material pertaining to Direct Care work
- review a care description
- understand technical vocabulary through the context
- locate important information in text
- improve comprehension skills

Job Context: Preparing for Entry and Upgrading Exams

Communication Skills: Writing Skills; Study Skills

Objectives:
- practice summarizing skills
- practice note-taking skills
- practice writing skills
- review components of Direct Care work

Job Context: Overview of Direct Care Work

Communication Skills: Writing Skills

Objectives:
- provide overview of Direct Care work
- relay accurate, precise information in writing
- use correct grammar and punctuation
- practice editing skills
- summarizing skills
- practice writing skills

Job Context: Math Refresher

Communication Skills: Mathematical Skills; Problem-Solving

Objectives:

- review U.S. measurements of weights
- review metric measures of mass
- apply basic math skills to job-typical problems

Job Context: Writing Reports and Record Keeping

Communication Skills: Writing Skills; Reading Comprehension; Vocabulary Development

Objectives:

- review writing notes and narratives
- review purpose of notes
- relay accurate, precise information in writing
- practice editing skills
- use correct grammar and punctuation

Job Context: Writing Other Reports and Forms

Communication Skills: Following Directions; Reading Comprehension

Objectives:

- understand categories on forms and charts
- follow directions to complete forms
- practice reading forms
- improve writing skills

Job Context: Understanding and Implementing Activities of Daily Living

Communication Skills: Reading Comprehension; Writing Skills; Problem-Solving

Objectives:

- comprehend written materials on activities of daily living

THEME AREA 11: Career-Related College and Academic Skills (Units 93 - 102)

Job Context: Preparation for PONSI Course

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- comprehend a catalogue of course offerings
- comprehend textual material
- understand technical vocabulary through the context
- develop word recognition skills
- locate important information in text
- improve comprehension skills
- introduce a procedure for studying text materials
- learn techniques for skimming and scanning
- practice skimming skills
- practice note-taking skills

Job Context: Effective Writing Skills

Communication Skills: Writing Skills; Reading Comprehension

Objectives:
- review guidelines for clear writing
- use correct grammar and punctuation
- prepare to write
- practice organizing ideas
- review and practice how to organize writing
- use vocabulary correctly

Job Context: Advanced Math Skills

Communication Skills: Mathematical Skills; Problem Solving

Objectives:
- review geometric figures
- review ratios and proportions
- practice using proportions to solve word problems
- review operations on positive fractions

THEME AREA 12: Planning for the Future and Evaluation of Distance Learning Program (Units 103 - 105)

Job Context: Setting Short-, Medium-, and Long-Range Goals for Work, Training, and Education

Communication Skills: Reading Comprehension; Writing Skills; Problem-Solving

Objectives:
- understand the relationship between planning for the future and actualizing goals
- learn how to set short-, medium-, long-range goals
- set goals in three areas: job, training, education
- practice writing skills

Job Context: Educational and Training Programs

Communication Skills: Reading Comprehension; Writing Skills

Objectives:
- become familiar with educational and training programs available
- comprehend written material on educational and training programs
- relate educational and training opportunities to own goals
- practice writing skills

Job Context: Educational and Training Programs

Communication Skills: Writing Skills

Objectives:
- evaluate participation in Distance Learning Course